

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90180 030 ***150.00

DOCUMENT # P00000018228

1. Entity Name
HIGH PERFORMANCE MARTIAL ARTS, INC.



Principal Place of Business
930 MARCUM ROAD
#9
LAKELAND FL 33809

Mailing Address
930 MARCUM ROAD
#9
LAKELAND FL 33809



2. Principal Place of Business

930 Marcum Road

3. Mailing Address

930 Marcum Road

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City & State

Lakeland Florida

City & State

Lakeland, Florida

Zip

33809

Country

USA

Zip

33809

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3627112**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HURLEY, DAVID A
781 GLENDALE STREET
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

David A. Hurley

Street Address (P.O. Box Number is Not Acceptable)

922 1/2 Success Ave

City

Lakeland

FL

Zip Code

33803

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David A. Hurley

1-7-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **HURLEY, DAVID**
STREET ADDRESS **781 GLENDALE STREET**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VP** ☐ Delete
NAME **KELUN, W R**
STREET ADDRESS **4639 SAN ANTONIO**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Hurley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-03

863-858-6777

CR2E034 (10/02)