

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90488 027 ***150.00

DOCUMENT # P00000047108



1. Entity Name
CONTEMPORARY TAE KWON DO, INC.

Principal Place of Business
**1540 GARDENTON ST NW
PALM BAY FL 32907**

Mailing Address
**PO BOX 101061
PALM BAY FL 32910-1061**



2. Principal Place of Business
1155 Malabar Rd

3. Mailing Address

Suite, Apt. #, etc.
Suite 14

Suite, Apt. #, etc.

City & State
Palm Bay FL

City & State

Zip
32907

Country
Brevard

Zip

Country

4. FEI Number **59-3653181**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUZMAN, CARLOS
1540 GARDENTON STREET NW
PALM BAY FL 32907**

Name
Guzman Carlos

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

City **west Melbourne** **FL** Zip Code **32904**

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: *Carlos Guzman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **GUZMAN, LOURDES**
STREET ADDRESS **1540 GARDENTON ST NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **PTD** ☒ Change ☐ Addition
NAME **Guzman, Lourdes**
STREET ADDRESS **659 Anchor Ln**
CITY-ST-ZIP **West Melbourne FL 32904**

TITLE **VSD** ☐ Delete
NAME **GUZMAN, CARLOS**
STREET ADDRESS **1540 GARDENTON ST NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **VSD** ☒ Change ☐ Addition
NAME **Guzman, Carlos**
STREET ADDRESS **659 Anchor Ln**
CITY-ST-ZIP **West Melbourne FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Lourdes Guzman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/27/03** Daytime Phone # **(321) 733-5440**

CR2E034 (10/02)