

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90104 037 ***150.00

DOCUMENT # P00000048833

1. Entity Name
YOUNG'S KARATE INCORPORATED



Principal Place of Business
7979 B LAKELAND ST.
JACKSONVILLE FL 32221

Mailing Address
7979 B LAKELAND ST.
JACKSONVILLE FL 32221

2. Principal Place of Business
8029 Ramona Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2501 Bulls Bay Hwy
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip
32221

City & State
Jacksonville FL
Zip
32220

4. FEI Number **59-3676638**

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
SMITH, Y. A. JR.
2501 BULLS BAY HWY.
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, Y.A. JR	
STREET ADDRESS	2501 BULLUS BAY HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, YOUNG A III	
STREET ADDRESS	2433 DOGWOOD LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, SHERRY T	
STREET ADDRESS	2433 DOGWOOD LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, SARAH M	
STREET ADDRESS	2501 BULLS BAY HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** **A. Smith, Jr. P** **1/12/03** **904-786-2832**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)