

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 047 ***158.75

DOCUMENT # P00000062887

1. Entity Name

Indian Rocks Institute of Self Defense, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13801-F Walsingham Rd

3. Mailing Address

1530 McMullen Booth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D 6&7

DO NOT WRITE IN THIS SPACE

City & State
Largo, FL

City & State
Clearwater, FL

4. FEI Number
59-3662874

Applied For
☐ Not Applicable

Zip
33774

Country
Pinellas

Zip
33759

Country
Pinellas

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sergio Barriga

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

1530 McMullen Booth Rd #D6&7

City
Clearwater

FL

Zip Code
33759

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
Sergio Barriga
STREET ADDRESS
1530 McMullen Booth Rd #D6&7
CITY - ST - ZIP
Clearwater, FL 33759

TITLE
NAME
Barbara Barriga
STREET ADDRESS
1530 McMullen Booth Rd #D6&7
CITY - ST - ZIP
Clearwater, FL 33759

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2002 727 726 7446

CR2E034B (12/01)