


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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90204 044 \*\*\*150.00

DOCUMENT # P 01000025082	
1. Entity Name Foskey's Martial Arts Academy, Inc.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3041 Dolly Dr. Suite, Apt. #, etc. STE 4 City & State JACKSONVILLE FL.		3. Mailing Address 3041 Dolly Dr. Suite, Apt. #, etc. STE 4 City & State JACKSONVILLE FL.	
Zip 32218	Country DUVAL	Zip 32218	Country DUVAL

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number 59-3704714		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Foskey, Medford K. Street Address (P.O. Box Number is Not Acceptable) 4261 KEY LARGO DR. City JACKSONVILLE FL Zip Code 32218		

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P FOSKEY, MEDFORD K. 4261 KEY LARGO DR. JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOSKEY, JENNIFER H. 4261 KEY LARGO DR. JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Medford Keith Foskey 4/15/03 (904)534-0914

Date

Daytime Phone #