

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90059 047 \*\*\*150.00

**DOCUMENT # P01000067880**

1. Entity Name

**AMERICAN FREE STYLE TAE KWON DO, INC.**

Principal Place of Business

**4517 26TH STREET WEST  
BRADENTON FL 34207**

Mailing Address

**4517 26TH STREET WEST  
BRADENTON FL 34207**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1119793**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKART, LESLYE A  
5415 16TH STREET EAST  
BRADENTON FL 34203**

Name

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

**5203 15th St. Ct. E.**

City

**Bradenton****FL**

Zip Code

**34203**

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) ☐**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>P, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKART, LESLYE A</b>	NAME	
STREET ADDRESS	<b>5415 16TH STREET EAST</b>	STREET ADDRESS	<b>5203 15th St. Ct. E.</b>
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	CITY-ST-ZIP	<b>Bradenton, FL 34203</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Leslye A. Frankart** **SIGNATURE REQUIRED** **Leslye A. Frankart, President** **3/10/02** **941-758-4574**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #