

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90714 023 ***150.00

DOCUMENT # P01000079272

1. Entity Name

KARATE FOR KIDS, ORANGE CITY INC.

Principal Place of Business

**3761-M NOVA RD.
 PORT ORANGE FL 32127**

Mailing Address

**3761-M NOVA RD.
 PORT ORANGE FL 32127**

2. Principal Place of Business

852-32 Saxon Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3739509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILROY, TOBY
 584 MOONPENNY CIR.
 PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

Toby Milroy

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

3559 Forest Branch Dr. #D

City

Port Orange

FL

Zip Code

32129

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: **Toby Milroy**

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

TITLE **President**
 NAME **Toby Milroy**
 STREET ADDRESS **3559 #D Forest Branch**
 CITY-ST-ZIP **Port Orange FL 32129**

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President**
 NAME **Jason Farnsworth**
 STREET ADDRESS **83 Belleflower**
 CITY-ST-ZIP **Port Orange FL 32127**

☐ Change ☒ Addition

TITLE
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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:

Toby Milroy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

Daytime Phone #

CR2E034 (9/01)