

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90169 032 \*\*\*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

3. Mailing Address

852-30 Saxon Blvd.  
30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orange City, FL

Zip

Country

Zip

Country

32763

Volusia



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3739509

Applied For

Not Applicable

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

MILROY, TOBY

3559 FOREST BRANCH DR. #D  
PORT ORANGE FL 32129

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.

Toby Milroy

(NOTE: Registered Agent signature required when reinstating)

4-1-03

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  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME FURNSWORTH, JASON  
STREET ADDRESS 83 BELLE FLOWER  
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1128/03

Date

Daytime Phone #

CR2E034 (10/02)