2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORTAUBR

P01000086263 **DOCUMENT#**

1. Entity Name

JASON MUMMAW'S ALL AMERICAN KENPO KARATE, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90849 011 ***150.00

					}			
Principal Place of Business 1695 DOYLE ROAD DELTONA FL 32725		Mailing Address 885 N ATMORE CIR. DELTONA FL 32725		400000				
2. Principal Place of Business		3. Mailing Address			- I INDITERA INT DRINK HIEH PRINT BRITH ENTIN DE	IDA 19414 DIFFO XII	IND BREED SHEET SEEDS.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 22-3838354	 	Applied For	٦
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 A	Not Applicable additional	1
	6. Name and Address of Current	Perietared Agent				Fee Requ	red	_
S Name and Name of San and Hoppinstered Agent				Name	7. Name and Address of New Registered Agent			
"MUMMA	W, JASON							
885 ATMORE CIRCLE				.₃Street Address.(P.O. Box Number is Not Acceptable)			1
DELTON	A FL 32725							┨
ž.	,		•	City		Zip Co	ode	4
A The show	re named entity exhaits this statement for	r the number of sh		1.00	. <u>.</u> . F	∟ ' '		1
the obliga	ations of registered agent.	ine purpose or cha	anging its registere	a office or register	ed agent, or both, in the State of Florida. I ar	n familiar with	n, and accept	l
*	110				1-8-03	>		l
SIGNATURE	Storature, typed or printed name of fegistated agent	and title if applicable.	(NOTE: Registere	d Agent signature required				ĺ
	FILE NOW!!! FEE IS \$150.00		 _		33.2			ļ
	er May 1, 2003 Fee will be \$550.00	i			9. Election Campaign Financing	\$ 5.	00 May Be	}
	k Payable to Florida Department o	State			Trust Fund Contribution.		d to Fees	ŀ
40.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	25 IN 11	ļ
TITLE	PTS	☐ De	lete TITLE			☐ Change	Addition	١
NAME	MUMMAN, JASON		NAME	:		onango	requirem	Ŀ
STREET ADDRESS	1			T ADDRESS			1	
CITY-ST-ZIP	DELTONA FL 32725		CITY-	ST-ZIP			1	i
TITLE	VP	Del				Change	Addition	Š
NAME STREET ADDRESS	MUMMAN, JASON 885 N. ATMORE CIR.		NAME	i i	·			
CITY-ST-ZIP	DELTONA FL 32725			T ADDRESS	•		ļ	
	DELITION TE 32/23			ST-ZIP				
TITLE NAME		☐ Deli				Change	☐ Addition	
STREET ADDRESS			NAME	TADDRESS	دهد معتبد دارچین ایک <u>دیکه به در خواند در ایک بین کرد در می</u>			
CITY-ST-ZIP	İ			ST-ZIP				
TITLE		- Dele	eteTITLE-			Chance		
NAME			NAME			Change	Addition	
STREET ADDRESS			STREE	ADDRESS	•		1	
CITY-ST-ZIP			CITY-S	ST-ZIP			į.	
TITLE		☐ Dele	ete TITLE	7		☐ Change	Addition	
NAME:		-	NAME	1				
STREET ADDRESS			E .	ADDRESS				
-CITY-ST-ZIP			CITY-S	T-ZIP			1	
TITLE NAME		☐ Oele				☐ Change	Addition	
			NAME					

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 eath; 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHE REQUIRED GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR