

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90162 035 ***150.00

DOCUMENT # P01000108414

1. Entity Name

NORTH FLORIDA TAEKWONDO, INC.

Principal Place of Business

**RT 18, BOX 750-A
LAKE CITY FL 32025**

Mailing Address

**RT 18, BOX 750-A
LAKE CITY FL 32025**

80130816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3757126

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

**SELLERS, JOHNNY M
RT 18, BOX 750-A
LAKE CITY FL 32025**

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.

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE ☐ Delete
NAME **D SELLERS, JOHNNY M**
STREET ADDRESS **RT 18, BOX 750-A**
CITY-ST-ZIP **LAKE CITY FL 32025**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D SELLERS, RONDA K**
STREET ADDRESS **RT 18, BOX 750-A**
CITY-ST-ZIP **LAKE CITY FL 32025**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**July 17, 2002 386-754-5801**
Date Daytime Phone #

CR2E034 (4/02)

SELLERS TAEKWONDO CENTER

Phone 754-5801

Rt 18 Box 750
Lake City, Florida 32025

July 17, 2002

To Whom it may Concern,

Regarding the late fee. This is our first year as an incorporated entity. We did not receive the first notice of yearly renewal and were therefore unaware of the due date.

Please waive the \$400.00 late fee. We are enclosing the \$150.00 requirement. Thank you.

Sincerely,

Ronda K. Sellers

Ronda K Sellers
North Florida Taekwondo, Inc.
Secretary/Treasurer