

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90195 001 \*\*\*150.00

**DOCUMENT # P02000012678**

1. Entity Name  
**FIRST COAST CHRISTIAN MARTIAL ARTS, INC.**



Principal Place of Business  
**2752 SAFESHELTER DR W  
JACKSONVILLE FL 32225**

Mailing Address  
**2752 SAFESHELTER DR W  
JACKSONVILLE FL 32225**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**FIRTH COMMUNITY CENTER**  
Suite, Apt. #, etc.  
**3264 TOWNSEND BLVD**

3. Mailing Address  
**2752 SAFESHELTER DR W**  
Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FLORIDA**

City & State  
**JACKSONVILLE FLORIDA**

4. FEI Number  
**04-3599237**

Applied For  
Not Applicable

Zip  
**32277** Country  
**USA**

Zip  
**32225** Country

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

## 6. Name and Address of Current Registered Agent

**PIERCE, JAMES R  
2752 SAFESHELTER DR W  
JACKSONVILLE FL 32225**

## 7. Name and Address of New Registered Agent

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 James R Pierce

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**22 MAR 03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PIERCE, JAMES R 2752 SAFESHELTER DR W JACKSONVILLE FL 32225</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PIERCE, ROBIN E 2752 SAFESHELTER DR W JACKSONVILLE FL 32225</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LOUISIANA REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**22 MAR 03 94568-1782**

Date

Daytime Phone #

CR2E034 (10/02)