

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91806 013 \*\*\*150.00

0458412 AV

**DOCUMENT # P02000017704**

1. Entity Name  
**THE TAE KWON DO MOO DUK HAE (USA), INC.**



Principal Place of Business  
**4021 4045 SOUTH DALE MABRY HWY.  
TAMPA FL 33611**

Mailing Address  
**4021 4045 SOUTH DALE MABRY HWY.  
TAMPA FL 33611**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVENSON, DANIEL S  
4045 SOUTH DALE MABRY HWY.  
TAMPA FL 33611**

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

**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	PD	<input type="checkbox"/> Delete
NAME	LEE, JAE H	
STREET ADDRESS	17707 CURRIE FORD RD.	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAGIMONIERE, BRYAN P	
STREET ADDRESS	45 KENNEBUNK ST.	
CITY-ST-ZIP	ATHOL MA 01331	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	LEVENSON, DANIEL S	
STREET ADDRESS	3709 WEST MULLEN AVE.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GILES, HENRY W	
STREET ADDRESS	7004 COHASSET CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAGIMONIERE, NANCY L	
STREET ADDRESS	45 KENNEBUNK ST.	
CITY-ST-ZIP	ATHOL MA 01331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

*Daniel S. Levenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)