

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

0104926 AV

DOCUMENT # P02000069885

1. Entity Name
A.M.A. TAE KWON DO, INC.



Principal Place of Business
**18319 HEATHER ROAD
FT. MYERS FL 33912**

Mailing Address
**18319 HEATHER ROAD
FT. MYERS FL 33912**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0620281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEFANICK, MICHELE
18319 HEATHER ROAD
FT. MYERS FL 33912**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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 **D** ☐ Delete
NAME **STEFANICK, MICHELE**
STREET ADDRESS **18319 HEATHER ROAD**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
STEFANICK

Date

Daytime Phone #

239-415-1144

CR2E034 (4/03)

attachment

90156026

#PD2000069825

Florida Dept of State
I am writing in
reference to my Uniform
Business Report. This is
my first time with a Corp.
and am a little confused.
My report was misplaced,
and has surfaced. After
calling my accountant she
informed me that this
was my 2nd notice, but
the problem is I NEVER
received the 1st notice only
the 2nd one. I have never
seen another paper like this.
I am requesting my late
fee be waived since I never
got the first notice. I am
enclosing a check for the \$150
with this letter and the
report as I was told to do
by one of your employees. Now
that I am aware of this and
when it is due, I will definitely
be aware ~~all~~ next year if I
don't get the notice in the