

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90457 033 ***150.00

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DOCUMENT # P02000079276

1. Entity Name
J. PARK MARTIAL ARTS, INC.



Principal Place of Business
**2526 UNIT D
TAMIAMI TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address
**PO BOX 380049
MURDOCK FL 33938**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

55-0786951

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

**DAVID K OAKS, P.A.
407 E MARION AVE STE 101
PUNTA GORDA FL 33950**

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 _____ (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 **TD** ☐ Delete
NAME **DILGER, MARCIA R**
STREET ADDRESS **PO BOX 380049**
CITY-ST-ZIP **MURDOCK FL 33938**

TITLE **TD** ☒ Change ☒ Addition
NAME **Dilger, Marcia R**
STREET ADDRESS **P.O. Box 380049**
CITY-ST-ZIP **Murdocks, FL 33938**

TITLE **PD** ☐ Delete
NAME **DILGER, EDWARD T III**
STREET ADDRESS **PO BOX 380049**
CITY-ST-ZIP **MURDOCK FL 33938**

TITLE **PD** ☒ Change ☒ Addition
NAME **Dilger, Edward T III**
STREET ADDRESS **P.O. Box 380049**
CITY-ST-ZIP **Murdocks, FL 33938**

TITLE **V** ☒ Delete
NAME **JAWORSKI, FRANK**
STREET ADDRESS **449 VERONA ST NW**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE **V** ☒ Delete
NAME **KYSER, JOE**
STREET ADDRESS **1842 CALAHAN AVE**
CITY-ST-ZIP **N PORT FL 34288**

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

TITLE **S** ☒ Delete
NAME **KYSER, BILLIE**
STREET ADDRESS **1842 CALAHAN AVE**
CITY-ST-ZIP **N PORT FL 34288**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Elaine D. [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 **941 743 5426**
Date Daytime Phone #

CR2E034 (10/02)