2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90112 026 ***150.00

DOCUMENT # P02000100158

1. Entity Name
TAE KWON DO CENTER OF SAN CARLOS PARK, INC

100067324

Principal Place of Business	Mailing Address
SUITE 9 & 10 17240 SOUTH TAMIAMI TRAIL FORT MYERS FL 33908	LEON TENN 9130 Kings Cove Ct. Fort 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

4. FEI Number 42-1552792 — Applied For / Not Applicable

5. Document Number (if known) — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEON TENN 9130 Kings Cove Ct. Fort Myers, FL 33912	Name Street Address, P.O. Box, Suite #, Rural Route # (Not Acceptable) City FL Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State pursuant to Section 607.0501, Florida Statutes, and accepts the appointment as registered agent.

SIGNATURE _____

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LEON TENN 9130 Kings Cove Ct. Fort Myers, FL 33913 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT KAREN BOYER 9148 MANDARIN RD FORT MYERS FL 33912 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MADELINE B. TENN 9130 KINGS COVE CT FORT MYERS FL 33912 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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, added, or deleted.

SIGNATURE: Leon Tenn