

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90057 046 ***150.00

001412 AV

DOCUMENT # P02000111902

1. Entity Name

MCGREGOR'S MARTIAL ARTS, INC.



Principal Place of Business

**7607 PURITAN RD.
ORLANDO FL 32807
US**

Mailing Address

**7607 PURITAN RD.
ORLANDO FL 32807
US**

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

33-1030061

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

**MARINO, MONICA
1035 TROUT CREEK CT.
OVIEDO FL 32765**

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

TITLE	[REDACTED]	<input type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	[REDACTED]	<input type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	[REDACTED]	<input type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	[REDACTED]	<input type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	[REDACTED]	<input type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharalyn Mc Gregor	
STREET ADDRESS	7607 Puritan Rd	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Lee	
STREET ADDRESS	7607 Puritan Rd	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis Marino	
STREET ADDRESS	1035 Trout Creek Ct	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monica Marino	
STREET ADDRESS	1035 Trout Creek Ct	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	[REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	[REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-03

Date

407-620-1454

Daytime Phone #

CR2E034 (4/03)

Attachment

80136405
PO2000111902



McGregor's Martial Arts

PO Box 574376
Orlando, FL 32857-4376
(407) 719-8222
www.McGregorsMartialArts.com

Florida Department of State
Division of Corporations
Uniform Business Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

July 31, 2003

Re: McGregor's Martial Arts Uniform Business Report Filing

Dear Sirs,

This is to state that McGregor's Martial Arts, Inc has not received a notice to file a Business Report prior to the one we received last week.
This form is to be filed by September 10, 2003, and says it is our second notice, therefore it carries a penalty. Since we never received the first notice, we are asking you to waive the penalty of \$400.
We hope you can grant our request, and process the UBR enclosed with this letter.

Thank you,

Monica Marino
Officer