

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90028 002 ***150.00

DOCUMENT # P02000132400

1. Entity Name
ROTH MARTIAL ARTS, INC.



Principal Place of Business
**1701 HWY A-1-A, STE 220
VERO BEACH FL 32963**

Mailing Address
**1701 HWY A-1-A, STE 220
VERO BEACH FL 32963**

2. Principal Place of Business
1140 19th ST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 2427
Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

Zip Country
32960 INDIAN RIVER

Zip Country
32961 INDIAN RIVER

4. FEI Number
51-0443184

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOTY, KEVIN S
1701 HWY A-1-A, STE 220
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name
DAVID ROTH

Street Address (P.O. Box Number is Not Acceptable)
601 39th AVE

City
VERO BEACH, FL

Zip Code
32968

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]* **DAVID B. ROTH** **3-3-03**
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 NAME STREET ADDRESS CITY-ST-ZIP	PRES. SARAH C. SAMSON, ROTH BOX 2427 VERO BEACH, FL 32961	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY. MARY C ROTH 359 CONCHA DR. SEBASTIAN, FL 32958	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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]* **MARY C ROTH** **3/3/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)