

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

06-02-2003 90196 029 ***550.00

DOCUMENT # P94000005206

1. Entity Name
TRADITIONAL MARTIAL ARTS CENTER, INC.



Principal Place of Business
**2220 HEMPLE AVE.
WINTER GARDEN FL 34787**

Mailing Address
**374 LAKEVIEW ST
ORLANDO FL 32804
US**

55048934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3221911**

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

**JACKSON, SUSAN
374 LAKEVIEW ST
ORLANDO FL 32804**

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 fee 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

TITLE **P** ☐ Delete
NAME **JACKSON, SUSAN**
STREET ADDRESS **374 LAKEVIEW ST**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **V** ☐ Delete
NAME **SNELL, EDDIE**
STREET ADDRESS **9825 PINE ISLAND RD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **V** ☐ Delete
NAME **WATSON, FRANK**
STREET ADDRESS **2811 TRYON PLACE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **V** ☐ Delete
NAME **WATSON, BECKY**
STREET ADDRESS **2811 TRYON PLACE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **S** ☐ Delete
NAME **MALONE, JON**
STREET ADDRESS **8627 WILLOW KANE CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ Delete
NAME **VELDE, JENNIFER H**
STREET ADDRESS **374 LAKEVIEW ST.**
CITY-ST-ZIP **ORLANDO FL 32804**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/10/03 407 2961803

CR2E034 (10/02)