FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90727 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055920

1. Entity Name
FLORIDA LEAGUE OF MARTIAL ARTS, INC.

90119615

Principal Place of Business
10605 117TH DR N
LARGO, FL 33773

Mailing Address
1236 CLEVELAND STREET
CLEARWATER, FL 33755

2. Principal Place of Business: 12473 Cumberland Dr
Suite, Apt. #, etc.:
City & State: Largo FL
Zip: 33773 Country: USA

3. Mailing Address: 12473 Cumberland Dr
Suite, Apt. #, etc.:
City & State: Largo FL.
Zip: 33773 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3409058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GABRIEL, JOHN
10605-117TH DRIVE N
LARGO, FL 33773

7. Name and Address of New Registered Agent
Name: GASKA ED
Street Address (P.O. Box Number is Not Acceptable): 12473 Cumberland DR.
City: LARGO FL Zip Code: 33773

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: X Edward Gaska
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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GABRIEL, JOHN		NAME		
STREET ADDRESS	10523 117TH DRIVE N		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SNYDER, MINDY		NAME		
STREET ADDRESS	830 SCOTLAND ST		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RICHARD, ALFORD		NAME		
STREET ADDRESS	115 COMET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	DEAGUILA, RICK		NAME	GASKA, ED	
STREET ADDRESS	1240 A HIGHLAND AVE S		STREET ADDRESS	12473 Cumberland DR.	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	LARGO FL 33773	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: X Edward Gaska
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #