2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State
07-06-2001 90199 012 ***150.00

B00059539

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000074673

1. Entity Name
AIKIDO SCHOOL OF SELF DEFENSE OF MARATHON, INC

Principal Place of Business
11065 5TH AVE OCEAN
MARATHON, FL 33050

Mailing Address
11065 5TH AVE OCEAN
MARATHON, FL 33050

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 068-38-1051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GABRIEL SCAUZILLO JR
11065 5TH AVE OCEAN
MARATHON, FL 33050

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.

SIGNATURE [signature] 7/3/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, V.PRES, TREAS & SEC GABRIEL SCAUZILLO JR 11065 5TH AVE OCEAN MARATHON, FL 33050	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/3/2001 305-289-7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)

THIS IS BEING MAILED AT THIS LATE DATE, IN THIS FORM attachment BOOKED
BECAUSE THE ONE THAT WAS MAILED TO ME WENT TO THE
FORMER PHYSICAL ADDRESS. IT WAS NEVER A MAILING ADDRESS.
I CALLED YOUR OFFICES ON JUNE 8, 01 AND THE WOMAN
THERE VERIFIED THAT IT HAD BEEN SENT TO THE WRONG
ADDRESS AND WOULD SEND ONE OUT TO ME RIGHT AWAY.
3 WEEKS HAVE PASSED SO I HAVE DOWN LOADED THIS
FROM YOUR WEB SITE. I AM SORRY FOR THE DELAY.
HOWEVER THE ONLY WAY I COULD HAVE AVOIDED IT WAS TO
HAVE REALISED SOONER THAT I DID NOT RECIEVE YOUR
FORM.

THANK YOU

GABRIEL SCAUZILLO JR