

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90053 017 ***150.00

0468621 AV

DOCUMENT # P98000007676

1. Entity Name

OKINAWAN KARATE & KOBUDO CENTER, INC.

Principal Place of Business

**326 NORTH DIXIE HIGHWAY
 LAKE WORTH FL 33460**

Mailing Address

**6075 PARK BOULEVARD
 STE A
 PINELLAS PARK FL 33781**

2. Principal Place of Business

1401 I North Military Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State

4. FEI Number **65-0807584**

Applied For
 Not Applicable

Zip
33415

Country
USA

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

**SCHRIEFER, GEORGE J
 6075 PARK BOULEVARD
 PINELLAS PARK FL**

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, 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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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
**VPST
 SCHRIEFER, GEORGE J D
 6075 PARK BOULEVARD, STE. A
 PINELLAS PARK FL 33781** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 POTREKUS, RICHARD
 326 NORTH DIXIE HIGHWAY
 LAKE WORTH FL 33460** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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 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 19.07(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: George J. Schriever, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 544-1429

Date

Daytime Phone #

CR2E034 (9/01)