

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90209 033 ***150.00

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DOCUMENT # P98000007676

1. Entity Name
OKINAWAN KARATE & KOBUDO CENTER, INC.



Principal Place of Business
1401 I NORTH MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address
6075 PARK BOULEVARD
STE A
PINELLAS PARK FL 33781

2. Principal Place of Business

2833 "D" EXCHANGE CT

3. Mailing Address

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number **65-0807584**

Applied For
Not Applicable

Zip
33409

Country
U.S.A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPST** ☐ **Delete**
NAME **SCHRIEFER, GEORGE J D**
STREET ADDRESS **6075 PARK BOULEVARD, STE. A**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

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

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

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/03 561-471-4006

CR2E034 (10/02)