2002 UNIFORM BUSINESS REPORT (UBR)

Sep 10, 2002 8:00 am Secretary of State P98000046603 DOCUMENT # 1. Entity Name 09-10-2002 90219 001 *****8.75 TAMPA BAY MARTIAL ARTS, INC. 09-10-2002 90219 002 ***150.00 Mailing Address Principal Place of Business 4045 SOUTH DALE MABRY 4045 SOUTH DALE MABRY **TAMPA FL 33611 TAMPA FL 33611** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Ant. #, etc. Applied For City & State City & State 4. FEI Number 59-3484758 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GILES, HENRY W Street Address (P.O. Box Number is Not Acceptable) 4045 S DALE MABRY **TAMPA FL 33611** Zip Code City 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE. LEVENSON, DANIEL S NAME NAME 4045 S. DALE MABRY HWY. STREET ADDRESS STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GILES, HENRY W NAME NAME 4045 S DALE MABRY HWY STREET ADDRESS STREET ADDRESS TAMPA FL 33611 CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

1 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED



WHachment

9000046603

September 3, 2002

Attention:

Florida Department of State

Division of Corporations

Reference:

Corporate Reinstatement

Tampa Bay Martial Arts, Inc. (FEI Number 59-3484758)

To Whom It May Concern:

Please accept the enclosed check in the amount of \$150.00 plus one in the amount of \$8.75 for a Certificate of Status as payment in full for corporate reinstatement.

I am embarrassed and baffled as to how we missed the correct deadline and I apologize to your agency for any complications our oversight may have created. We are a lawabiding bill paying company and take our administrative legal responsibilities seriously. In order that this oversight does not happen again we will make it a point to be on the lookout for the UBR and pay it as soon as it arrives in the mail and also a implement procedures to check to make sure it has been completed by May 1st in the event we missed the package in the mail.

I thank you for your patience and understanding. If you have any questions please me at (813) 835-5425.

Sincerely,

Tampa Bay Martial Arts, Inc.

President