

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060677

1. Entity Name

SOUTH TAMPA MARTIAL ARTS, INC.

FILED

Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90051 033 \*\*\*150.00

Principal Place of Business

Mailing Address

1819 WEST PLATT STREET  
TAMPA FL 33606

1819 WEST PLATT STREET  
TAMPA FL 33606-1837

LUUJb0b0

2. Principal Place of Business

1819 W. Platt St.  
Suite, Apt. #, etc.

3. Mailing Address

1819 W. Platt St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3544073

Applied For

Not Applicable

Zip

33606

Country

Hillsborough

Zip

33606

Country

Hillsborough

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

DYALS, MARGOT  
1819 WEST PLATT STREET  
TAMPA FL 33606

Name

DYALS, GARRY

Street Address (P.O. Box Number is Not Acceptable)

1819 W. Platt St.

City

TAMPA, FL

FL

Zip Code

33606

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: GARRY W. DYALS - President

(NOTE: Registered Agent signature required when reinstating)

3-8-2000

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, 2000 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 P  
NAME DRALS, GARRY W  
STREET ADDRESS 118 BISCAYNE AVE.  
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

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

TITLE  
NAME FERNANDEZ, RYAN  
STREET ADDRESS 214 FREEMONT AVE.  
CITY-ST-ZIP TAMPA FL 33606 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

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: GARRY W. DYALS - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-2000 (813) 259-0033

Daytime Phone #

CR2E034 (9/99)