

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90051 033 ***150.00

DOCUMENT # P98000060677

1. Entity Name
SOUTH TAMPA MARTIAL ARTS, INC.

Principal Place of Business
**1819 WEST PLATT STREET
 TAMPA FL 33606**

Mailing Address
**1819 WEST PLATT STREET
 TAMPA FL 33606-1837**

LUUJb0b0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1819 W. Platt St.
 Suite, Apt. #, etc.

3. Mailing Address
1819 W. Platt St.
 Suite, Apt. #, etc.

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
**DYALS, MARGOT
 1819 WEST PLATT STREET
 TAMPA FL 33606**

7. Name and Address of New Registered Agent
 Name **Dyals, GARRY**
 Street Address (P.O. Box Number is Not Acceptable)
1819 W. Platt St.
 City **Tampa, 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 DYALS - President** *Garry W. Dyals* **3-8-2000**
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. **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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRALS, GARRY W	NAME	
STREET ADDRESS	118 BISCAYNE AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, RYAN	NAME	
STREET ADDRESS	214 FREEMONT AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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** *Garry W. Dyals* **3-8-2000** **(813) 259-0033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)