

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104345

1. Entity Name

US MARTIAL ART SUPPLY, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 91446 001 \*\*\*100.00

05-15-2000 91446 002 \*\*\*\*50.00

Principal Place of Business

Mailing Address

1018 W SR 434. STE. 150  
LONGWOOD FL 32750

1018 W SR 434. STE. 150  
LONGWOOD FL 32750

2. Principal Place of Business

490 NORTH ST

3. Mailing Address

490 NORTH ST

Suite Apt. #, etc.

116

Suite Apt. #, etc.

116

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32750

Country

SEMINOLE

Zip

32750

Country

SEMINOLE

4. FEI Number

59-3550644

Applied For

Not Applicable

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

KIM, GUN

1018 W SR 434, STE. 150  
LONGWOOD FL 32750

Name

GUN KIM

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

490 NORTH ST

SUITE 116

City

LONGWOOD

FL

Zip Code

32750

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS KIM, GUN  
CITY-ST-ZIP 1120 MEADOW LAKE WAY  
WINTER SPRINGS FL 32708

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2000 407 332-6300

CR2E034 (9/99)