

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
 03-23-2000 90009 014 ***158.75

DOCUMENT # P99000004872

1. Entity Name

LARGO MARTIAL ARTS ACADEMY, INC.

Principal Place of Business

**4772 EAST BAY DRIVE
 CLEARWATER FL 33764**

Mailing Address

**4772 EAST BAY DRIVE
 CLEARWATER FL 33764-5757**

2. Principal Place of Business

4768 EAST Bay Dr.
 Suite, Apt. #, etc.

3. Mailing Address

4768 EAST Bay Dr.
 Suite, Apt. #, etc.

City & State

CLEARWATER FLORIDA

City & State

CLEARWATER FLORIDA

Zip

33764

Country

US

Zip

33764

Country

US

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DICK, JOHN B
 4772 EAST BAY DRIVE
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name

ELROD, STEVE

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

4768 EAST BAY DRIVE

City

CLEARWATER

FL

Zip Code

33764

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

Steve Elrod
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DICK, JOHN B	
STREET ADDRESS	4772 EAST BAY DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELROD, STEVE	
STREET ADDRESS	4772 EAST BAY DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELROD, MICHELE	
STREET ADDRESS	4768 EAST BAY DRIVE	
CITY-ST-ZIP	CLW FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELROD, STEVE	
STREET ADDRESS	4768 EAST BAY DRIVE	
CITY-ST-ZIP	CLW FL 33764	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELROD, MICHELE	
STREET ADDRESS	4768 EAST BAY DRIVE	
CITY-ST-ZIP	CLW FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steve Elrod
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-00 727-5367888

CR2E034 (9/99)