2000 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2000 8:00 am DOCUMENT # P99000044610 **Secretary of State** AIKIDO SCHOOLS OF UESHIBA, INC. 01-14-2000 90059 020 ***158.75 Mailing Address Principal Place of Business 29165 SINGLETARY ROAD 29165 SINGLETARY ROAD MYAKKA CITY FL 34251-9762 MYAKKA CITY FL 34251 2. Principal Place of Business 3. Mailing Address 29165 Singletary Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State Not Applicable 52 - 15B0394 \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAOTOME, PATRICIA R Street Address (P.O. Box Number is Not Acceptable) 29165 SINGLETARY ROAD MYAKKA CITY FL 34251 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. President ☐ Change TITLE Delete TITLE Mitsugi Sautome 29165 Singletary Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Myakka City, F. V. Pres. Hiroshi Ikeda 3425 L ☐ Change ☐ Addition TITLE □ Delete NAME NAME 3320 154 St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP -Bowder, CD B0304 Change ☐ Addition secttreas ☐ Delete TITLE TITLE Patricia Sastome NAME NAME STREET ADDRESS STREET ADDRESS 29165 Singletai CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE ANALYZE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/7/00 (94) 322-1256

with all other like empowered

changed, or on an attachment with an addre

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