

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068912

1. Entity Name

ORLANDO MARTIAL ARTS CORPORATION

Principal Place of Business

2140 WHISPER LAKES BLVD  
ORLANDO FL 32837  
US

Mailing Address

3900 S. POINTE DR., STE. 102  
ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 SEP 26 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3591568

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

RICHARDS, GARY P  
3900 S. POINTE DR., STE. 102  
ORLANDO FL 32822

Name

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

City

FL

Zip Code

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, 2002 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 V ☐ Delete  
NAME RICHARDS, KELLIE K  
STREET ADDRESS 3900 S POINTE DR STE 102  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☐ Addition  
NAME 500008069225  
STREET ADDRESS -09/27/02--01021--001  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE P ☐ Delete  
NAME RICHARDS, GARY P  
STREET ADDRESS 3900 S. POINTE DR STE 102  
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02-407-947-054

# Orlando Martial Arts Corporation

2140 Whisper Lakes Blvd. Orlando, FL 32837

Bus: (407) 857-5889 Fax: (407) 857-8733

To: Florida Department of State

Attn: Sean Toner

Re: Uniform Business Report (3<sup>rd</sup> Filing)

September 17, 2002

This letter is formally written as a letter of request of waiver of late filing fee for the 2002 Uniform Business Report.

Orlando Martial Arts Corporation sent in the 1<sup>st</sup> report on April 1<sup>st</sup>, 2002. The 2<sup>nd</sup> report was sent in on July 9, 2002 after speaking with Ula Peterson. The copy of the previous report, the new report and a filing fee of \$150.00 was sent to the address given on the front of the filing envelope.

This is the 3<sup>rd</sup> filing fee along with copies of the previous reports sent in and a copy of the previous check for the 2002 Uniform Business Report. We request that having not received the report, the State of Florida – Department of Corporations waive any such late filing fees.

Thank you for your time. If you have any questions, please do not hesitate to call me or you can contact me at the address given above.

ORLANDO MARTIAL ARTS CORPORATION



Gary Richards

President

407.857.5889