

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90032 037 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000077208**  
 1. Entity Name  
~~ROK HIT SHOTOKAN KARATE CONNECTIONS, INC.~~

Principal Place of Business  
 7226 WEST COLONIAL DRIVE, PMB#223  
 ORLANDO FL 32818

Mailing Address  
 7226 WEST COLONIAL DRIVE, PMB#223  
 ORLANDO FL 32818

2. Principal Place of Business  
 Same as above

3. Mailing Address  
 Same as above

Suite, Apt. #, etc. u

City & State

Zip Country Zip Country

4. FEI Number **59-3489322** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, RUDOLPH L**  
**7226 WEST COLONIAL DRIVE, PMB#223**  
**ORLANDO FL 32818**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RUDOLPH L 7404 WOODHILL PARK DRIVE, SUITE 1324 ORLANDO FL 32848	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARNES, EMORY T. L 5844 ELON DRIVE ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIDS, ROLBERT H 3718 MITCHEL RD. ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPENCER, PETER 1100 SERISSA COURT ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'NEIL, FRANCES K 5080 DOWNING STREET ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Rudolph L Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/2002 - 407-766-0154*  
 Date Daytime Phone #

CR2E034 (9/01)