


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90119 001 ***150.00

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3489322**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2003 Fee will be \$500.00~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be Added to Fees

10. 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, ROBERT 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rudolph Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5844 Elon Dr. Orlando, FL 32808 <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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rudolph Smith* **2/20/03** **(407) 947-2365**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)