

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096373

1. Entity Name

NIPPON KARATE-DO SHITO-RYU KAI, INC.

P

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90029 043 ***150.00

Principal Place of Business

3122 SE 8TH PLACE
CAPE CORAL FL 33904

Mailing Address

3122 SE 8TH PLACE
CAPE CORAL FL 33904

2. Principal Place of Business

4140 CLEVELAND AVENUE
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS FL

City & State

4. FEI Number

65-0957296

Applied For

Not Applicable

Zip

33901-

Country

LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETT, MEL
3122 SE 8TH PLACE
CAPE CORAL FL 33904

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

D. Mel Barrett
(NOTE: Registered Agent signature required when reinstating)

8-29-00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **BARRETT, MEL**
STREET ADDRESS **3122 SE 8TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. MEL BARRETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-00 941-958-0727
Date Daytime Phone #

CR2E034 (5/00)

Attachment doc #
P99000096373
DWS3508

To Whom it may concern,
This is the first and only notice
I have received, therefore I am
paying the original fee of \$150
Thank you,
D. Mel Barnett