

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
7/21/2003-90140-015-\$150.00-\$150.00

0112

FILED
Aug 01, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P99000098576

1. Entity Name
SCIONTI'S BLACK-BELT ACADEMY, INCORPORATED



Principal Place of Business
2461 S.W. 27TH AVE.
OCALA FL 34474

Mailing Address
2461 S.W. 27TH AVE.
OCALA FL 34474

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3607730 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SWANSON, VIVIAN L
2522 S.W. 27TH AVE.
OCALA FL 34474

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIONTI, JOAN 9091 S.W. 9TH TERR. OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: JOAN SCIONTI 7/16/03 952-347-3732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

7/30

Zs

Zs Accounting & Tax Services, LLC

Elizabeth Zygarlowski, E.A.
Vivien L. Swanson, E.A., ATA

July 29, 2003

Florida Department of Revenue
Division of Corporations
Attention: Justin
PO Box 6327
Tallahassee, Florida 32314

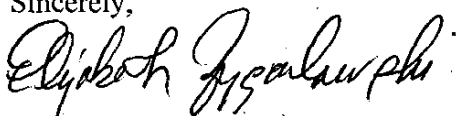
Re: Scionti's Black-Belt Academy, Inc.
EIN # 59-3607730
Scionti's Karate for Kids & ATA Taekwondo USA, INC
EIN # 01-0591084

Dear Sir,

This letter is to request a waiver of the late charges regarding the above corporations. The businesses had not received forms or notification regarding the UBR until they received the overdue notices.

Thank you for any consideration you give to this matter.

Sincerely,



Elizabeth Zygarlowski, E.A.
Member