Amended UBR

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -7 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020002

1. Entity Name
VONSILVER MARTIAL ARTS ONE, L.L.C.

Principal Place of Business
~~10153 UNIVERSITY BLVD~~
ORLANDO, FL 32718

Mailing Address
~~10153 UNIVERSITY BLVD~~
ORLANDO, FL 32718

2. Principal Place of Business
1680 OAKHURST AVENUE
Suite, Apt. #, etc
City & State
WINTER PARK FL 32789
Zip Country

3. Mailing Address
1680 OAKHURST AVENUE
Suite, Apt. #, etc
City & State
WINTER PARK FL 32789
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 06-1642051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CATHCART, CHRISTOPHER C
210 N. WYMORE ROAD
WINTER PARK, FL 32789

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

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERMAN, FRANK 9720 COVENT GARDEN DRIVE ORLANDO, FL 32827	XXX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VONSCHMILING, SERGIO 1680 OAKHURST AVENUE WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023614242 10/07/03--01036--010 **55.25	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SERGIO VONSCHMILING ______ , 2003 ______
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #