

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004794

FILED
Oct 11, 2006
Secretary of State

Entity Name: UNITED MARTIAL ARTS, INC.

Current Principal Place of Business:

2752 SAFESHELTER DR WEST
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

2752 SAFESHELTER DR WEST
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 51-0449234 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERCE, JAMES
2752 SAFESHELTER DR WEST
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: JAMES R. PIERCE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STADEN VAN, DEON
Address: 3317 VOLLEY DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: DEWITT, ELTON
Address: 1557 CESSERY BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: DT () Delete
Name: ZYL, JANNIE
Address: 3264 TOWNSEND BLVD
City-St-Zip: JACKSONVILLE, FL 32277

Title: DT () Delete
Name: PIERCE, JAMES
Address: 2752 SAFE SHELTER DR W
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEON VAN STADEN

P

10/11/2006

Electronic Signature of Signing Officer or Director

Date