

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91416 012 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000061162**

1. Entity Name  
**KUMITE RYU JUJITSU SCHOOL OF SURVIVAL  
(VSK), INC.**



**11040314**

Principal Place of Business  
**6310 RAVENWOOD COURT  
SARASOTA, FL 34243**

Mailing Address  
**5307 MURDOCK AVE.  
SARASOTA, FL 34231**

2. Principal Place of Business  
**4464 N. WASHINGTON BLVD**

Suite, Apt. #, etc.

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

City & State  
**SARASOTA FL**

Zip  
**34236**

Country  
**USA**

City & State  
Zip  
Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-1113479**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEHMAN, MARIANNE C  
5307 MURDOCK AVE  
SARASOTA, FL 34231**

**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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
D	ALEXANDREA, GREGORY	6310 RAVENWOOD COURT	SARASOTA, FL 34243	<input type="checkbox"/>
D	ALEXANDREA, RENEE	6310 RAVENWOOD COURT	SARASOTA, FL 34243	<input type="checkbox"/>
D	DAVIS, JOHN	1250 ROCKROSE GLEN	BRADENTON, FL 34202	<input type="checkbox"/>
D	DAVIS, LINDA	1250 ROCKROSE GLEN	BRADENTON, FL 34202	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Marianne C. Lehman** REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

**4/30/03 941 906-7291**

**MARIANNE C. LEHMAN**

CR2E034 (10/02)