

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90133 025 \*\*\*150.00

**DOCUMENT # P01000115605**

1. Entity Name  
**VSU MARTIAL ARTS, INC.**



Principal Place of Business  
1021 EAST RD. 540A UNIT 104  
LAKELAND FL 33813

Mailing Address  
320 HANNIBAL SQ E  
WINTER PARK FL 32789



2. Principal Place of Business

3. Mailing Address

**2175 ALOMA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**WINTER PARK, FLORIDA**

4. FEI Number **30-0006685**

Applied For  
Not Applicable

Zip

Country

Zip  
**32792**

Country  
**U.S.A.**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZ, LAWRENCE H**  
**341 N MAITLAND AVE, STE 120**  
**MAITLAND FL 32751**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **VON SCHMELING, SEIGIO**  
STREET ADDRESS **320 HANNIBAL SQ E**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition  
NAME **2175 ALOMA AVE**  
STREET ADDRESS **WINTER PARK, FL 32792**  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **YOUNG III, THEODORE P**  
STREET ADDRESS **320 HANNIBAL SQ E**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition  
NAME **2175 ALOMA AVE**  
STREET ADDRESS **WINTER PARK FL 32792**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-03**

Date

**407 740-6747**

Daytime Phone #

CR2E034 (10/02)