

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000067305 (1)

1. Corporation Name

UNIVERSAL MARTIAL ARTS ACADEMY, INC.



Principal Place of Business

Mailing Address

269 KINGSWAY RD.  
BRANDON FL 33510

269 KINGSWAY RD.  
BRANDON FL 33510

\* Note \*  
Corrections

3. Date Incorporated or Qualified  
09/28/1993

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 1269 Kingsway Rd

26 1269 Kingsway Rd

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 BRANDON, FL

28 BRANDON, FL

24 Zip 33510

Country

25 Hillborough

Zip

29 33510

Country

30 Hillborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, ZACHARY B  
1914 E CHELSEA  
TAMPA FL 33610

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Zachary B Hudson

Signature, typed or printed name of registered agent and their applicant

(NOTE: Registered Agent signature required when re-registering)

1/16/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME HUDSON, ZACHARY B  
STREET ADDRESS 1914 E. CHELSEA  
CITY-ST-ZIP TAMPA FL 33610

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME EARL M. HARRIS  
1.3 STREET ADDRESS 1043 Malletwood Dr.  
1.4 CITY-ST-ZIP Brandon, FL 33510

TITLE ☐ DELETE  
NAME EARL M. HARRIS  
STREET ADDRESS 1043 Malletwood Dr.  
CITY-ST-ZIP Brandon, FL 33510

2.1 TITLE Vice President ☐ Change ☒ Addition  
2.2 NAME Zachary B. Hudson  
2.3 STREET ADDRESS 1914 E Chelsea St  
2.4 CITY-ST-ZIP Tampa, FL 33610

TITLE ☐ DELETE  
NAME Hudson, Zachary B  
STREET ADDRESS 1914 E. CHELSEA ST  
CITY-ST-ZIP Tampa, FL 33610

3.1 TITLE Sec ☐ Change ☒ Addition  
3.2 NAME Glenn B Hayes  
3.3 STREET ADDRESS 11344 Grandville Dr  
3.4 CITY-ST-ZIP Temple Terrace, FL 33617

TITLE ☐ DELETE  
NAME Sec  
STREET ADDRESS Glenn Hayes  
CITY-ST-ZIP 11344 Grandville Dr  
Temple Terrace, FL 33617

4.1 TITLE Treasurer ☐ Change ☒ Addition  
4.2 NAME CRAIG F. BISCHELIA  
4.3 STREET ADDRESS 107 S. Robertson St  
4.4 CITY-ST-ZIP Brandon, FL 33511

TITLE ☐ DELETE  
NAME Treasurer  
STREET ADDRESS CRAIG F BISCHELIA  
CITY-ST-ZIP 107 S. Robertson St  
Brandon, FL 33511

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Signature and typed or printed name of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

DATE

(813) 661-8525

Daytime Phone #

CR2E034 (12/95)