2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90084 002 ***150.00

0525643 AV

DOCUMENT # P01000036243

1. Entity Name
CHAMPAGNE WINDS INC

Principal Place of Business	Mailing Address
5131 ST ALBANS AVE SARASOTA FL 34242	5131 ST ALBANS AVE SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	989 Graham Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Venice FL ~~34293~~
Zip / Country	Zip: 34293 / Country

4. FEI Number N/A — ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, LOURDES
5131 ST ALBANS AVE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name: Ramirez, Lourdes
Street Address (P.O. Box Number is Not Acceptable): 989 Graham Road
City: Venice FL Zip Code: 34293

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.

SIGNATURE: [signature] — DATE: 3/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) No income ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE President NAME Lourdes Ramirez STREET ADDRESS 989 Graham Road CITY-ST-ZIP Venice FL 34293	☐ Change ☑ Addition
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CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 3/25/02 — 941 346 2830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #