

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90022 048 ***150.00

DOCUMENT # P10302

1. Entity Name

CHAMPION SOLUTIONS GROUP, INC.

Principal Place of Business

**6421 CONGRESS AVE. #200
 BOCA RATON FL 33487**

Mailing Address

**6421 CONGRESS AVE. #200
 BOCA RATON FL 33487**

2. Principal Place of Business

791 PARK OF COMMERCE BLDG.

3. Mailing Address

791 PARK OF COMMERCE BLDG.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

59-2347579

Applied For

Not Applicable

Zip

Country

33487

Zip

Country

33487

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, MICHAEL H
 2340 NW 41 ST
 BOCA RATON FL 33431**

Name **BAKER, MICHAEL H**

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

10475 CAIN CIRCLE

City

DELRAY BEACH

FL

Zip Code

33446

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **C** ☐ Delete
 NAME **BAKER, MICHAEL H**
 STREET ADDRESS **2340 NW 41 ST**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **C** ☒ Change ☐ Addition
 NAME **BAKER, MICHAEL H**
 STREET ADDRESS **10475 CAIN CIRCLE**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **P** ☐ Delete
 NAME **PLYE, CHRISTOPHER**
 STREET ADDRESS **5458 PALM WAY**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE **V** ☐ Delete
 NAME **MURPHY, MICHAEL**
 STREET ADDRESS **23198 L'ERMITAGE CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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:

CHRISTOPHER PLYE

1/12/01

561 997-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)