

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90336 027 ***150.00

DOCUMENT # 465269

1. Entity Name

CHAMPION COMMERCIAL BROKERS, INC.



Principal Place of Business

1604 MCGREGOR PARK CR
FORT MYERS FL 33908
US

Mailing Address

1604 MCGREGOR PARK CIRCLE
FT. MYERS FL 33908
US

24047274



MOORE

CR2E034 (11/03)

2. Principal Place of Business

544 LIGHTHOUSE WAY
Suite, Apt. #, etc.

3. Mailing Address

544 LIGHTHOUSE WAY
Suite, Apt. #, etc.

City & State

SANIBEL, FL

City & State

SANIBEL, FL

4. FEI Number

59-1661403

Applied For

Not Applicable

Zip

Country

33957 Lee

Zip

Country

33957 Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHLOPAK, EGOR G
1604 MCGREGOR PARK CIRCLE
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

SHLOPAK, EGOR G

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

544 LIGHTHOUSE WAY

City

SANIBEL

FL

Zip Code

33957

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, 2004 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 PDS ☐ Delete
NAME SHLOPAK, EGOR G
STREET ADDRESS 1604 MCGREGOR PARK CIRCLE
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Egor G. Shlopak

EGOR G SHLOPAK PDS

4-15-04

239-395-8924

978-546-3871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #