

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State0030199
AV**DOCUMENT # 493070**

1. Entity Name

CHAMPS SOFTWARE, INC.

03-25-2002 90086 011 ***150.00

Principal Place of Business

**1255 N VANTAGE PT DR
CRYSTAL RIVER FL 34429
US**

Mailing Address

**P.O. BOX 2600
CRYSTAL RIVER FL 34423
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1640108

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PATEL, CHANDRA
1675 CROOKED BRANCH ROAD
LECANTO FL 34461**Name **PATEL, CHANDRA**Street Address (P.O. Box Number is Not Acceptable)
1255 N. VANTAGE PT. DR.City **CRYSTAL RIVER****FL**Zip Code
34429

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, 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 **PD**
STREET ADDRESS **PATEL, CHANDRA**
CITY-ST-ZIP **1675 CROOKED BRANCH ROAD
LECANTO FL 34461** ☐ DeleteTITLE
NAME **PRESIDENT/CEO**
STREET ADDRESS **PATEL, CHANDRA**
CITY-ST-ZIP **1255 N. VANTAGE PT. DR.
CRYSTAL RIVER, FL 34429** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/12/2002 352-795-2362**

Date

Daytime Phone #

CR2E034 (9/01)