

2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0135123 AT

DOCUMENT # M70112

1. Entity Name
CHAMPION POOL SERVICE, INC.

FILED

02 JUL 24 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% WILLIAM R. BATTAGLIA
P O BOX 189
PORT SALERNO FL 34992

Mailing Address

% WILLIAM R. BATTAGLIA
P O BOX 189
PORT SALERNO FL 34992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTAGLIA, WILLIAM R.
934 SW 35TH ST
PALM CITY FL 34990

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
DP
BATTAGLIA, WILLIAM R.
2655 SE CARROLL ST.
STUART FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600006851276--7
-08/01/02--01037--015
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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:

William R. Battaglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-17-02 561-283-5575
7-17-02

CR2E034 (4/02)

Rita Chment

Page 202

M70112

To Division of Corporations,
I filed Report on April 2nd
2002. I received another notice
on July 10, 2002. I checked
with my accountant, the
check was never returned
through June 6 324
I was told to send my
copy of April filing \$150.00
as it would be lost because
it was probably lost.
I'm sending it next
Day Mail so I know
it will get there this time.

Thank you for your
help & cooperation.

Sincerely, William R. Butler
Champion Pool & Billiards