2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003587 1. Entity Name					FILED May 09, 2000 8:00 am Secretary of State			
END-TIME CHAMPIONS, INC.						y of Sta 081 019 ****61.2		
Principal Place of Business Mailing Address					00 00 2000	001 012 01.2		
4207 55TH AVE. DRIVE EAST BRADENTON FL 34200 4207 55TH AVE. DRIVE EAST BRADENTON FL 34220-0245								
3621-715 TER. E. P.O.		3. Mailing Address P.O. BOX 245	P.O. BOX 245					
		Suite, Apt. #, etc.			DO NOT WRITE			
SARAS	City & State SAMSOM, FL PAMETO R		Ĺ	4. FEI Number	65-0872562		plied For t Applicable	
3424			Country USA	5. Certificate	of Status Desired	□ \$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
NAGLE, JAMES F				eet Address (P.O. Box Number is Not Acceptable)				
4207 55TH AVE.,DRIVE EAST BRADENTON FL 34203			36	3621-7188 TEVE E.				
			City	SAUSON FL Zip Code 34243				
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								
FILE NOW: 9. Election Campaign Financin Trust Fund Contribution.				\$5.00 May Be Added to Fees		Check Payable to irtment of State		
10. TITLE	OFFICERS AND DIRE	CTORS Delete	11.	ADDITIONS/CH	ANGES TO OFFICERS	AND DIRECTORS IN	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	NAGLE, JAMES F 4207-55 AVE OR EAS T	□ <i>D</i> 0000	NAME STREET ADDRESS I	3421-714 TO SAMSOM. R	be e 34 24 3]	
TITLE	Bradenton Fl. VPSD	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	NAGLE, JANICE E 4 207-55 AVE DR EA ST		NAME STREET ADDRESS	3621-7181,7 SAMSORA, P	ER. E.	<u>_</u>		
CITY-ST-ZIP TITLE	BRADENTON FL.	☐ Delete	CITY-ST-ZIP TITLE	SAMSONA, F	ب علايلاء	☐ Change	Addition	
NAME STREET ADDRESS	MURRAY, DAVID R 3308 4TH ST E		NAME STREET ADDRESS					
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP			☐ Change	☐ Addition	
NAME		□ Delete	NAME STREET ADDRESS			Onlings		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		.,,		<u></u>	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an admess, with all other like empowered.								
SIGNATURE: SIGNATURED 4/27/00 (94)952-1771							<u>/</u>	
•	SIGNATURE AND TYPED OR PRI	INTED NAME OF SIGNING OFFICER OF	DIRECTOR		Date	Daytime Phone #		