

2002 UNIFORM BUSINESS REPORT (UBR)

0435904 AV

DOCUMENT # P00000016019

1. Entity Name
JUNIOR CHAMPIONS, INC.

FILED

02 OCT -7 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11780 C NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

Mailing Address
9809 EMERALD LINKS DRIVE
TAMPA FL 33626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11780 C N. Dale Mabry Hwy.
Suite, Apt. #, etc.

3. Mailing Address
9809 Emerald Links Dr.
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL 33618

4. FEI Number 59-3632431 ☒ Applied For
Not Applicable

Zip 33618 Country U.S.A

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HADLOW, RICHARD B
220 S. FRANKLIN STREET
TAMPA FL 33602

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE P ☐ Delete
NAME MILNER, CHRISTINE
STREET ADDRESS 9809 EMERALD LINKS DR.
CITY-ST-ZIP TAMPA FL 33626

TITLE S ☐ Delete
NAME MILNER, DAVID
STREET ADDRESS 9809 EMERALD LINKS DR.
CITY-ST-ZIP TAMPA FL 33626

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 600008327116--7
STREET ADDRESS -10/11/02--01003--025
CITY-ST-ZIP *****550.00 *****550.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Christine Milner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/02 (PLB) PSS-7269
Date Daytime Phone #

CR2E034 (9/01)