

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P01000000948**1. Entity Name  
AMERICA'S CHAMPIONS, INC.

## Principal Place of Business

3450 PALENCIA DRIVE STE 1304

TAMPA  
33618

FL

## Mailing Address

3450 PALENCIA DRIVE STE 1304

TAMPA  
33618

FL

## 2. Principal Place of Business

3450 PALENCIA DRIVE

## 3. Mailing Address

3450 PALENCIA DRIVE

Suite, Apt. #, etc.  
APT # 1304Suite, Apt. #, etc.  
APT # 1304

## City &amp; State

TAMPA

FL

## City &amp; State

TAMPA

FL

## Zip

33618

## Country

## Zip

33618

## Country

## 4. FEI Number

59-3712022

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

FLEWELLING GARY E  
3450 PALENCIA DRIVE STE 1304TAMPA  
33618

FL

## 7. Name and Address of New Registered Agent

## Name

FLEWELLING GARY E

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

3450 PALENCIA DRIVE

APT# 1304

## City

TAMPA

FL

Zip Code  
33618

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 **GARY E. FLEWELLING**

04/25/2001

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, 2001 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	APPLEBAUM ALAN DCFO		
STREET ADDRESS	262 COUNTRY CLUB LANE		
CITY-ST-ZIP	CANTON MI 48188		
TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FLEWELLING GARY ECEO		
STREET ADDRESS	3450 PALENCIA DRIVE APT. # 1304		
CITY-ST-ZIP	TAMPA FL 33618		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Gary E. Flewelling**

CEO

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)