


FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90120 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093453	
1. Entity Name George F. Champigny PA	

DO NOT WRITE IN THIS SPACE

22002157

2. Principal Place of Business 113 Ocean Shores Dr		3. Mailing Address PO Box 355	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key Largo, FL		City & State Key Largo, FL	
Zip 33037	Country US	Zip 33037	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3070791		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Champigny, George F	
		Street Address (P.O. Box Numbers Not Acceptable) 113 Ocean Shores DR	
		City Key Largo	Zip Code FL 33037

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George F Champigny 113 Ocean Shores DR Key Largo, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)