

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90040 031 ***150.00

DOCUMENT # **P02000049535**



1. Entity Name
ALBION SOCCER USA INC.

Principal Place of Business
**3821 SW COQUINA COVE WAY #202
PALM CITY FL 34990**

Mailing Address
**3821 SW COQUINA COVE WAY #202
PALM CITY FL 34990**



2. Principal Place of Business

3. Mailing Address

4243 S.W. Mallard Creek Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4243 S.W. Mallard Creek Trail

CHECK HERE IF MAKING CHANGES

City & State
Palm City FL

City & State
Palm City FL

4. FEI Number
74-3043551

Applied For
 Not Applicable

Zip Country
34990

Zip Country
34990

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, PAUL A 3821 SW COQUINA COVE WAY #202 PALM CITY FL 34990	<input type="checkbox"/> Delete
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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)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03

772 220 2737

Date

Daytime Phone #

CP2E034 (10/02)