

# 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**

City & State

City & State

**Palm City FL**

**Palm City FL**

Zip

Country

Zip

Country

**34990**

**34990**

4. FEI Number

**74-3043551**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIBBONS, PAUL A</b>	
STREET ADDRESS	<b>3821 SW COQUINA COVE WAY #202</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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)(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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-03**

Date

**772 220 2737**

Daytime Phone #

CP2E034 (10/02)