FILED

04 JAN -7 PM 3:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000072969

1. Entity Name
CHAMPION PLAZA, INC.

800026172668
01/06/04--01062--021 **150.00

Principal Place of Business	Mailing Address
23233 VETERANS BLVD. PORT CHARLOTTE, FL 33954	P.O. BOX 380482 MURDOCK, FL 33938

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8300 Wilshire Drive	8300 Wilshire Dr.
Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc. Suite 6
City & State Port Charlotte FL	City & State Port Charlotte FL
Zip 33981 Country USA	Zip 33981 Country USA

4. FEI Number 55-0790613 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPIONE, GIACOMO
23233 VETERANS BLVD.
PORT CHARLOTTE, FL 33954

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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPIONE, GIACOMO 23233 VETERANS BLVD. PORT CHARLOTTE, FL 33954	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPIONE, SUZANNE 23233 VETERANS BLVD. PORT CHARLOTTE, FL 33954	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #