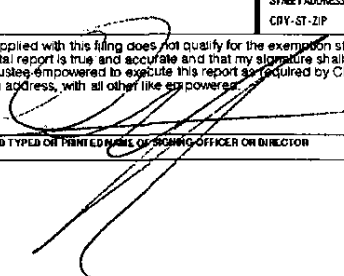


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04 JAN -7 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000072969			
1. Entity Name CHAMPION PLAZA, INC.			
Principal Place of Business 23233 VETERANS BLVD. PORT CHARLOTTE, FL 33954		Mailing Address P.O. BOX 380482 MURDOCK, FL 33938	
2. Principal Place of Business <i>8300 Wilshire Drive</i>		3. Mailing Address <i>8300 Wilshire Dr.</i>	
Suite, Apt. #, etc. <i>Suite 6</i>		Suite, Apt. #, etc. <i>Suite 6</i>	
City & State <i>Port Charlotte FL</i>		City & State <i>Port Charlotte FL</i>	
Zip <i>33981</i>	Country <i>USA</i>	Zip <i>33981</i>	Country <i>USA</i>
5. 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 date if applicable. (NOTE: Registered Agent's signature required when substituting) DATE			
FILE NUMBER: 150000 ARJ-MB-7-1-2003-Fee will be \$550.00 When UBR is filed, the 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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 empowerment.			
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  Date Daytime Phone #			

CH2E034 (10/02)