2003 FOR PROFIT CORPORATION

Mailing Address

VALRICO FL 33594

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

1206 LADY GUINEVERE DRIVE

UNIFORM BUSINESS REPORT (UBR) P96000098373 **DOCUMENT #**

1. Entity Name

VALRICO FL 33594

Principal Place of Business

1206 LADY GUINEVERE DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

CHAMPION MARKETING & BROKERAGE, INC.

Country



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90157 026 ***150.00

PART PROPERTY OF

	☐ CHECK HERE IF MAKING CHANGES				
4.	FEI Number	59-3462294		$ \top$	Applied For
		00 0102234			Not Applicable
5.	Certificate of	Status Desired		\$8.75	Additional

5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIDWELL, JERRY E SR. Street Address (P.O. Box Number is Not Acceptable)

1206 LADY-GUINEVERE DRIVE -VALRICO FL 33594 City

Country

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

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete TITLE NAME TIDWELL, JERRY E ☐ Addition NAME STREET ADDRESS 1206 LADY GUINEVERE DRIVE STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . 🔲 . Delete . -- Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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

SIGNATURE:

SIGNATURE