


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90362 004 ***150.00

DOCUMENT # P97000107768			
1. Entity Name CHAMPION PROFESSIONAL DECK & FRAME, INC.			
Principal Place of Business 4501 OAK CREEK ST, APT 319 ORLANDO, FL 32835		Mailing Address 4501 OAK CREEK ST, APT 319 ORLANDO, FL 32835	
2. Principal Place of Business 1015 Samar Rd		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa Beach Fl		City & State	
4. FEI Number 59-3483805		Applied For Not Applicable	
Zip 32931	Country Brevard	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMPION, BENJAMIN T 4501 OAK CREEK ST, APT 319 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name: <u>Champion Benjamin T</u> Street Address (P.O. Box Number is Not Acceptable) <u>1015 Samar Rd</u> City: <u>Cocoa beach</u> FL Zip Code <u>32931</u>	
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: <u>B Todd Champion</u> DATE: <u>4/27/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)</small>			
9. FILING FEE Filing Fee: \$15.00 Minimum Charge: \$15.00		B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CHAMPION, BENJAMIN T 4501 OAK CREEK ST, APT 319 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Champion Benjamin W 2615 Crum Creek DR Berwyn PA. 19312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: <u>B Todd Champion</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/27/03</u> <u>321-783-5055</u> <small>Office Phone #</small>	

CR2E034 (10/02)