

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90335 049 ***150.00

DOCUMENT # PA8000050999 ✓
1. Entity Name
Champion Gymnastics of So. FL, Inc

DO NOT WRITE IN THIS SPACE

80101802

2. Principal Place of Business 8030 W. Sample Rd.
3. Mailing Address 1313 NW 100 Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Coral Springs, FL
City & State Coral Springs, FL
Zip 33065 **Country** USA **Zip** 33071 **Country** USA

4. FEI Number 65-0852308
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Linda Collins - Stumper
Street Address (P.O. Box Number is Not Acceptable) 1313 NW 100 Drive
City Coral Springs **FL** **Zip Code** 33071

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Linda Stumper</u> <u>1313 NW 100 Dr. Coral Springs, FL</u> <u>33071</u>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Stumper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.02 954.341.3547
Date **Daytime Phone #**

CR2E034B (12/01)