

2001 UNIFORM BUSINESS REPORT (UBR)

2/21

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-21-2001 90020 013 ***150.00

DOCUMENT # P99000110803

1. Entity Name

CHAMPAGNE POOLS INC.

Principal Place of Business

2173 RADNOR CT.
 N. PALM BCH FL 33408

Mailing Address

2173 RADNOR CT.
 N. PALM BCH FL 33408

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 31838

Palm Beach Gardens

FL

33410

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0967568

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HUBARTT, JEFF
 2173 RADNOR CT.
 N. PALM BCH FL 33408

7. Name and Address of New Registered Agent

Name: HUBARTT, JEFF
 Street Address (P.O. Box Number is Not Acceptable)
 9827 Daphne Ave.

City: Palm Beach Gardens FL Zip Code: 33410

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 reinstating)

DATE

1-7-01

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001. Fee will be \$550.00
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	President Jeff Philippon Hubartt 9827 Daphne Ave Palm Beach Gardens FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 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

Jeff HUBARTT

Date

2-11-01 (561) 625-0911

Daytime Phone #

CR2E034 (10/00)