

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90044 032 ***150.00

DOCUMENT # J13175

1. Entity Name
CHAMPION DRYWALL, INC.

Principal Place of Business
**5206 SANDTRAP PLACE
 VALRICO FL 33594
 US**

Mailing Address
**C/O WALTER SANDERS
 13910 N DALE MABRY SUITE 1
 TAMPA FL 33618-2440
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3902 Crestwood Drive
 Suite, Apt. #, etc.

3. Mailing Address
3355 BEARSS AVE
 Suite, Apt. #, etc.

City & State
Valrico, Florida

City & State
TAMPA, FLORIDA

Zip
33594

Zip
33618

4. FEI Number **59-2706701** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, WALTER
 13910 N DALE MABRY HWY
 SUITE ONE
 TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **WALTER SANDERS**

Street Address (P.O. Box Number is Not Acceptable)
3355 BEARSS AVE

City **TAMPA** State **FL** Zip Code **33618**

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 *Walter Sanders* *Walter Sanders* DATE **3/21/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 DP LAMBERT, JOHN G.	<input type="checkbox"/> Delete
STREET ADDRESS 5206 SANDTRAP PLACE	
CITY-ST-ZIP VALRICO FL	
TITLE NAME VPS LAMBERT, ELLIE W.	<input type="checkbox"/> Delete
STREET ADDRESS 5206 SANDTRAP PLAE	
CITY-ST-ZIP VALRICO FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *John G. Lambert* DATE **3/24/00** (813) 689-3825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #