

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90132 047 \*\*\*150.00

0350116

**DOCUMENT # J13175**

1. Entity Name  
**CHAMPION DRYWALL, INC.**

Principal Place of Business  
**3902 CRESTWOOD DR.  
 VALRICO FL 33594  
 US**

Mailing Address  
**3355 BEARSS AVE  
 TAMPA FL 33618  
 US**

1 0 1 3 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2706701**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, WALTER  
 3355 BEARSS AVE  
 TAMPA FL 33618**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 3/28/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lambert, John G.	
STREET ADDRESS	3902 Crestwood Drive	
CITY-ST-ZIP	Valrico, Florida 33594	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lambert, Ellie W.	
STREET ADDRESS	3902 Crestwood Drive	
CITY-ST-ZIP	Valrico, Florida 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 John G. Lambert 3/28/01 (813) 689-3825  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)