

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-31-2000 90044 033 ***150.00

DOCUMENT # L89426

1. Entity Name
CHAMPION DRYWALL SERVICES, INC.

Principal Place of Business

Mailing Address

5206 SANDTRAP PLACE
 VALRICO FL 33594
 US

C/O SANDERS, WALTER
 13910 N DALE MABRY STE 1
 TAMPA FL 33618-2440
 US

2. Principal Place of Business

3. Mailing Address

3902 Crestwood Drive
 Suite, Apt. #, etc

3355 Bearss Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Valrico, Florida

City & State
 Tampa, Florida

4. FEI Number **59-3022356**

Applied For
 Not Applicable

Zip **33594**

Country

Zip **33618**

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
 13910 N DALE MABRY HWY
 STE 1
 TAMPA FL 33618

Name Walter Sanders
 Street Address (P.O. Box Number is Not Acceptable)
3355 Bearss Avenue
 City Tampa 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

3/21/00
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D LAMBERT, JOHN 5206 SANDTRAP PLACE VALRICO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D LAMBERT, ELLIE 5206 SANDTRAP PLACE VALRICO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John G. Lambert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00 (813) 240-4374
 Date Daytime Phone #