

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0432566 AV

**DOCUMENT # L89426**

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

02-05-2002 90051 040 \*\*\*150.00

Principal Place of Business      Mailing Address  
**3902 CRESTWOOD DRIVE      3355 BEARSS AVE**  
**VALRICO FL 33594      TAMPA FL 33618**  
**US      US**

00017328



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 **59-3022356**      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 AVENUE**  
**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      1/14/02  
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, 2002 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       Delete  
 NAME **D LAMBERT, JOHN**  
 STREET ADDRESS **3902 CRESTWOOD DRIVE**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME **D LAMBERT, ELLIE**  
 STREET ADDRESS **3902 CRESTWOOD DRIVE**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
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 STREET ADDRESS  
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TITLE       Change       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      1/19/02      (813) 689-3825  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/01)