

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840298

1. Entity Name

CHAMPION CONTRACTING CO.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90017 030 ***150.00

Principal Place of Business	Mailing Address
P O BOX 489 KINGS MOUNTAIN NORTH CAROLIN 28086	P O BOX 489 KINGS MOUNTAIN NORTH CAROLIN 28086-0489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 56-1012546		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMPION, CARL W
700 N WICKHAM RD
STE 109
MELBOURNE FL 32935

(SEE ADDRESS CHANGE)---

Name
CARL W. CHAMPION

Street Address (P.O. Box Number is Not Acceptable)
9065 ELLIS ROAD

WEST MELBOURNE, FL 32904

City **WEST MELBOURNE** **FL** Zip Code **32904**

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 *Carl W. Champion* **CARL W. CHAMPION** **4/6/00**
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAMPION, CHRIS L. 123 WOODING PL KINGS MOUNTAIN N. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEPHEN T. SQUIRES 9065 ELLIS ROAD, W.MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAMPION, CARL W 700 N WICKHAM RD, STE 109 MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARL W. CHAMPION 9065 ELLIS RD., W.MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. CHANEY, SUNNI M 124 WOODING PLACE KINGS MT NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KEVIN W. CHAMPION 124 WOODING PLACE, KINGS MTN., NC 28086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARRISON, SAMUEL M 124 WOODING PLACE KINGS MOUNTAIN NC 28086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MICHAEL F. COBB 9065 ELLIS RD., W.MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STITZEL, ROBERT E 700 N WICKHAM RD STE 209 MELBOURNE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOSEPH F. GREEN 9065 ELLIS RD., W.MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREWS, MIKE 124 WOODING PL KINGS MOUNTAIN NC 28086 <input type="checkbox"/> Delete	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: *Sunni M. Chaney* **SUNNI M. CHANEY, CORPORATE SECRETARY** **4/6/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)