

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90017 045 \*\*\*\*\*50.00

**DOCUMENT # L02000010715**

1. Entity Name  
**CHAMPION WELDING, LLC**



Principal Place of Business

PO BOX 679156  
ORLANDO FL 32867

Mailing Address

PO BOX 679156  
ORLANDO FL 32867

2. Principal Place of Business

*Same as above*

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*03-0448147*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HIGHFIELD, YVETTE  
2802 PALM ISLE WY  
ORLANDO FL 32829

7. Name and Address of New Registered Agent

Name

*Yvette Highfield*

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

*2802 Palm Isle way*

City

*Orlando FL*

FL

Zip Code

*32829*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Yvette R Highfield*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-1-03*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE *President/owner* ☐ Delete  
NAME *Yvette R Highfield*  
STREET ADDRESS *2802 Palm Isle way*  
CITY-ST-ZIP *Orlando, FL 32829*

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

*Yvette R Highfield*

*4-1-03*

*4072847342*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0051647