

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89426

1. Entity Name

CHAMPION DRYWALL SERVICES, INC.

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

03-31-2000 90044 033 \*\*\*150.00

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

3902 Crestwood Drive  
Suite, Apt. #, etc

3. Mailing Address

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

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          | D                   | <input type="checkbox"/> Delete |
| NAME           | LAMBERT, JOHN       |                                 |
| STREET ADDRESS | 5206 SANDTRAP PLACE |                                 |
| CITY-ST-ZIP    | VALRICO FL          |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | LAMBERT, ELLIE      |                                 |
| STREET ADDRESS | 5206 SANDTRAP PLACE |                                 |
| 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 |
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| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |   |
|----------------|---|
| 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    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS |   |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

Date

(813) 240-4314

Daytime Phone #