

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

CHAMPION EQUIPMENT LIQUIDATORS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4745 NE 36 AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4526

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA FLA

City & State

OCALA FLA

4. FEI Number

59-3748071

Applied For

Not Applicable

Zip

34479

Country

USA

Zip

34478

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VERNON R. ANSELL

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

4745 NE 36 AVE

City

OCALA

FL

Zip Code

34479

**DO NOT WRITE
IN THIS SPACE**

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

VERNON R. ANSELL

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

(NOTE: Registered Agent signature required when reappointing)

8/1/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRES.	VERNON R. ANSELL	4745 NE 36 AVE	OCALA FLA 34479				
SOL. TRS.	EDDIE HOLL	4020 NE 112 LANE	ANTHONY FLA 32617				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/1/02

Daytime Phone #

352-351-8637

ps 8/2/02

CR2E034B (12/01)