FOR PROFIT CORPORATION WEODM BUSINESS DEPORT (URR)

UNIFORM BUSINESS REPORT (UBR)						, FIĽED			
DOCUN 1. Entity Name	MENT#	1000099383			į	02 AUG - 1	PM ?	2: 50	
CHAMPION EQUIPMENT LIQUIDATORS						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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•	ace of Business VE36AUE I, etc.	3. Mailing Address P.O. Box 452 Suite, Apt. #, etc.	.6			DO NOT WRITE IN T	HIS SPAC	E	
City & State	6 ELA	City & State OCALA FLA	o.		4. FE 5	Number 9 - 3748071		Applied For Not Applicable	
Zip 34479	Country USA	Zip 34478	Coun C/S		1	rtificate of Status Desired	Fee F	75 Additional Required	
	The state of the s	1000 1000	19.,,,,,		7. Nam	e and Address of Current Regis	tered Age	nt	
Name VERNON R. ANSELL Street Address (P.O. Box Number is Not Acceptable) 4745 NE 36 AVE City OCIDE The Property of the Control of the Cont									
8. The above named entity submits this statement for the purpose of changing its registered office of 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 remasking)									
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 Financin Trust Fund Contribution.	g 🗖 -	\$5.00 May Be Added to Fees	
11,	OFFICERS AND D	DIRECTORS	TOL				. e		ਛੇ
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CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify	San Maria	amatica statud i	n Section 1	19.07(3)(i), Florida Statutes. I furth	ner certify t	hat the information	
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.									
attachme	ent with an audiess, with all other like en	1/211				elalor	2.00	351-5127	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Date: Date: Dayline Phone #									