## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

TYPED OR PRINTED NAME OF SIG

SIGNATURE:

## FILED DOCUMENT # **P98000043828** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** CHAMPION PRODUCTS SALES, INC. 03-02-2000 90187 029 \*\*\*150.00 Mailing Address Principal Place of Business 404 SW 27TH AVE. 404 SW 27TH AVE. FT. LAUDERDALE FL 33312-2053 FT. LAUDERDALE FL 33312 44604000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0851024 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLLINGSWORTH, GREG Street Address (P.O. Box Number is Not Acceptable) 404 SW 27TH AVE. FT. LAUDERDALE FL 33312 Zip Code 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, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing, requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE Change ☐ Delete TITLE HOLLINGSWORTH, GREG NAME NAME STREET ADDRESS STREET ADDRESS 404 SW 27TH AVE. CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33312 ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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