

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90141 011 ***150.00

0645880 AT

DOCUMENT # F01000001959

1. Entity Name

CHALLENGE ENGINEERING & TESTING, INC.



Principal Place of Business

**4234 HALLS MILL ROAD
MOBILE AL 36691**

Mailing Address

**4234 HALLS MILL ROAD
MOBILE AL 36691**

2. Principal Place of Business

4234 Halls Mill Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 91537

Suite, Apt. #, etc.

City & State

Mobile, AL

City & State

Mobile, AL

Zip

36693

Country

USA

Zip

36691

Country

USA

4. FEI Number

63-1100804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **THOMPSON, VESTER J III**
CITY-ST-ZIP **4234 HALLS MILL ROAD
MOBILE AL 36691**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **WIGGINS, DAVID C**
CITY-ST-ZIP **4234 HALLS MILL ROAD
MOBILE AL 36691**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **GLOVER, CONNIE L**
CITY-ST-ZIP **4234 HALLS MILL ROAD
MOBILE AL 36691**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Connie L Glover

4/25/03

(250) 666-1435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)