

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000466

1. Entity Name  
CHALLENGER LIFTS, INC.

Principal Place of Business  
P.O. BOX 3944  
LOUISVILLE KY 40201-3944

Mailing Address  
P.O. BOX 3944  
LOUISVILLE KY 40201-3944

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HUNTER, JOEL  
2888 SANS PAREIL STREET  
JACKSONVILLE FL 32246

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.

SIGNATURE

*Joel Hunter*

10-29-01

(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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE P  
NAME LENTZ, JEROME L  
STREET ADDRESS 709 FARMINGHAM RD.  
CITY-ST-ZIP LOUISVILLE KY 40243 ☐ Delete

TITLE V  
NAME REAVIS, DAVID R  
STREET ADDRESS 205 STILLWOOD CT.  
CITY-ST-ZIP LOUISVILLE KY 40223 ☐ Delete

TITLE S  
NAME ROBINSON, PHYLLIS A  
STREET ADDRESS 8803 MCKENNA WAY  
CITY-ST-ZIP LOUISVILLE KY 40291 ☐ Delete

TITLE D  
NAME BRYANT, MILO D  
STREET ADDRESS 1700 PARK SHORE RD.  
CITY-ST-ZIP LAGRANGE KY 40031 ☐ Delete

TITLE V  
NAME HARTZ, KAREN  
STREET ADDRESS 10910 HOBBS STATION ROAD  
CITY-ST-ZIP LOUISVILLE KY 40223 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500004706845-2  
-12/05/01--01085--014  
\*\*\*\*750.00 \*\*\*\*750.00

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

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

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

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 line empowered.

SIGNATURE:

*Signature Required Controller*

Date

Daytime Phone #

FILED

01 NOV -1 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number 61-1225957

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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CR2E034 (5/01)