

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90054 046 ***550.00

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

010400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-1225957**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, JOEL
2888 SANS PAREIL STREET
JACKSONVILLE FL 32246

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

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P TED McQUADE ☐ Delete
4113 SYLVAN DRIVE
FLOYD KNOBS, IN 47119

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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/02 502-625-0705
 Date Daytime Phone #

CR2E034 (4/02)