

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90011 048 ***150.00

70002333



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # F98000006473			
1. Entity Name THE CHALLENGE USA, INC.			
Principal Place of Business 11-E HIGHWAY 17 NORTH NORTH MYRTLE BEACH SC 39582		Mailing Address 11-E HIGHWAY 17 NORTH NORTH MYRTLE BEACH SC 39582	
2. Principal Place of Business 211 Hwy. 17 NORTH		3. Mailing Address 211 Hwy. 17 NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH MYRTLE BEACH SC		City & State NORTH MYRTLE BEACH	
Zip 29582	Country US	Zip 29582	Country US
6. Name and Address of Current Registered Agent WERNER, ANDREW 4601 CASON COVE DR. UNIT 228 ORLANDO FL 32811		4. FEI Number 58-2351620 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPES, GARY J 37 SHADOW MOSS PLACE NORTH MYRTLE BEACH SC 29582 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LOPES, GARY J. 2274 BIG LANDING RD. LITTLE RIVER SC 29582 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/03
Date

888-249-9646
Daytime Phone #

CR2E034 (10/02)

Attachment

70002353
#F98000006473

EDC's corporate offices are moving
effective January 1, 2003

Please make a note of our new
address and phone numbers:

EDC

1660 Huguenot Road
Richmond, Virginia 23113
Phone: (804)897-0900
Fax: (804)897-0901

Dept of State
P. O. Box 1500
Tallahassee, FL 32302-1500

If you happen to be in Richmond,
please come by and see our new
office.

Sincerely,
The EDC Staff

33

