## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 08, 2000 8:00 am Secretary of State DOCUMENT # F9900000979 FUTURE CHALLENGES, INC. 06-08-2000 90035 010 \*\*\*150.00 Principal Place of Business Mailing Address #4 CHATTERLY LANE #4 CHATTERLY LANE WILMINGTON DE 19803 WILMINGTON DE 19803-3200 CACOGOOG 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 81-0457181 Miss. Not Applicable <u>Misse.</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KREULEN -KRUELEN, JAN Street Address (P.O. Box Number is Not Acceptable) 3000 TANGLEWOOD PARKWAY SEBRING FL 33872 Zip Code FL 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. EILE NOW!!! FEE IS \$150.00 9\_This corporation is eligible to satisfy its Intangible — 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE Delete TITLE NAME GREYTAK, JOHN P NAME STREET ADDRESS Bannack Place STREET ADDRESS #4 CHATTERLY LANE CITY-ST-ZIP CITY-ST-ZIP **WILMINGTON DE 19803** Delete TITLE GREYTAK, MARGARET M NAME STREET ADDRESS #4 CHATTERLY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WILMINGTON DE 19803** Change TITLE TITLE ☐ Delete NAME LINNELL, WAYNE E NAME 4th Street ルッナム STREET ADDRESS 300 CENTRAL AVE/ STE. 410/FIRST BANK BLDG. STREET ADDRESS CITY-ST-71F CITY-ST-ZIP Great Fulls, MT **GREAT FALLS MT 59403** Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR