

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55327

1. Entity Name

CHALLENGE ELECTRIC, INC.

Principal Place of Business

2269 S UNIVERSITY DR
SUITE 291
DAVIE FL 33324
US

Mailing Address

2269 S UNIVERSITY DR
SUITE 291
DAVIE FL 33324
US

2. Principal Place of Business

2269 S. University DR

Suite, Apt. #, etc.

291

City & State

DAVIE FL

Zip

33324

Country

USA

3. Mailing Address

2269 S. University DR

Suite, Apt. #, etc.

291

City & State

DAVIE, FL.

Zip

33324

Country

USA

6. Name and Address of Current Registered Agent

RIZZO, VINCENT
9936 NW 2ND COURT
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.

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete

NAME D
STREET ADDRESS RIZZO, VINCENT
CITY-ST-ZIP 9936 NW 2ND COURT
PLANTATION FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT RIZZO

Date

Daytime Phone #

1-7-01 954-205-6009

FILED

Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90071 035 ***150.00

C0004617



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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