

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90735 037 ***150.00

DOCUMENT #

1. Entity Name P00000064247

CHALLENGES ON BELAY, INC.



DO NOT WRITE IN THIS SPACE

90120014

2. Principal Place of Business

4526 Coker Road

Suite, Apt. #, etc.

3. Mailing Address

4526 Coker Road

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

North Port, FL

Zip

34286

Country

Zip

34286

Country

4. FEI Number

65-1027326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Gina Sauer

Street Address (P.O. Box Number is Not Acceptable)

4526 Coker Road

City

North Port

FL

34286

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

Gina L. Sauer

STREET ADDRESS

4526 Coker Road

CITY-ST-ZIP

North Port, FL 34286

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

Brian Wright

STREET ADDRESS

4526 Coker Road

CITY-ST-ZIP

North Port, FL 34286

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Wright **Brian Wright**

4-23-2003

Date

Daytime Phone #

CR2E034B (12/02)