

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007471

1. Entity Name

CHALLENGE INTERNATIONAL INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90072 022 ***150.00

Principal Place of Business

Mailing Address

995 36 CT. SW.
VERO BEACH FL 32962
US

995 36 CT. SW.
VERO BEACH FL 32968-4953
US

2. Principal Place of Business

3. Mailing Address

995 36 CT. SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

Zip

Country

Zip

Country

32968

4. FEI Number

65-0417634

Applied For

Not Applicable

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

CHATTERTON, PHILIP
995 36 CT. SW.
VERO BEACH FL 32962

Name
CHATTERTON PHILIP

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

995 36 CT. SW

City

VERO BEACH FL FL 32968

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CHATTERTON, PHILIP
STREET ADDRESS 995 36 CT. SW.
CITY-ST-ZIP VERO BEACH FL 32962

TITLE P
NAME CHATTERTON, PHILIP
STREET ADDRESS 995 36 CT SW
CITY-ST-ZIP VERO BEACH FL 32968

TITLE
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CITY-ST-ZIP

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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

Date

Daytime Phone #

PHILIP CHATTERTON 4/25/2000 (561) 978 0270

CR2E034 (9/99)