

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90001 004 ***550.00

DOCUMENT # P97000064423

1. Entity Name
CHALLENGE FINANCIAL INVESTORS CORP.

Principal Place of Business
1301 SEMINOLE BLVD., SUITE 140
LARGO FL 33770

Mailing Address
1301 SEMINOLE BLVD., SUITE 140
LARGO FL 33770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3460034**

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

ANDERSON, E. EUGENE
1301 SEMINOLE BLVD., SUITE 140
LARGO FL 33770

Name
N/A

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. **N/A**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **PD ANDERSON, EUGENE**
 STREET ADDRESS **14377 YACHT CLUB BLVD.**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☒ Change ☐ Addition
 NAME **PD BARIAN, HAROLD**
 STREET ADDRESS **504 LILLIAN DRIVE**
 CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE ☐ Delete
 NAME **VD BARIAN, HAROLD**
 STREET ADDRESS **504 LILLIAN DRIVE**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☒ Change ☐ Addition
 NAME **VD ANDERSON, EUGENE**
 STREET ADDRESS **14377 YACHT CLUB BLVD**
 CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE ☒ Delete
 NAME **VD PALMER, RONALD G**
 STREET ADDRESS **11533 86TH AVE N.**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☒ Addition
 NAME **SD BLONQUIST, HIRAH**
 STREET ADDRESS **5932 W. 89TH ST.**
 CITY-ST-ZIP **OVERLAND PARK, KS 66207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TD RILEY, MICHAEL J.**
 STREET ADDRESS **3636 NE BEECHWOOD**
 CITY-ST-ZIP **LEE'S SUMMIT, MO 64064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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: Hiram E. Blomquist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HIRAH E. BLONQUIST

9/6/01

913-383-9248

Date

Daytime Phone #

CR2E034 (5/01)