## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000064423

Title:

Name:

Address:

City-St-Zip:

TD

RILEY, MICHAEL J

3636 NE BEECHWOOD

LEES SUMMIT, MO 64064

( ) Delete

Entity Name: CHALLENGE FINANCIAL INVESTORS CORP.

FILED Mar 12, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1301 SEMINOLE BLVD., SUITE 140 LARGO, FL 33770 **Current Mailing Address: New Mailing Address:** 1301 SEMINOLE BLVD., SUITE 140 LARGO, FL 33770 FEI Number: 59-3460034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARIAN, HAROLD 1301 SEMINOLE BLVD., SUITE 140 LARGO, FL 33770 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition BARIAN, HAROLD Name: Name: 504 LILIAN DRIVE Address: Address: City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: Title: VD (X) Delete Title: () Change () Addition ANDERSON, EUGENE Name: Name: 14377 YACHT CLUB BLVD Address: Address: SEMINOLE, FL 33776 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition BLOMQUIST, HIRAH Name: Name: 5932 W 89TH STREET Address: Address: City-St-Zip: OVERLAND PARK, KS 66207 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HAROLD BARIAN PRES 03/12/2002

() Change () Addition