

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90112 001 ***550.00

DOCUMENT # F03000004432

1. Entity Name

URBANTRANS CONSULTANTS, INC.



Principal Place of Business

ONE BROADWAY PLAZA, STE. A-200
DENVER CO 80203

Mailing Address

ONE BROADWAY PLAZA, STE. A-200
DENVER CO 80203

54071700



MOORE

CR2E034 (4/04)

2. Principal Place of Business

730 Seventeenth Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 400

City & State

Denver, Colorado

City & State

Zip

90202

Country

USA

Country

4. FEI Number

84-1560180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSTARD, BILL
1341 ATTAPULGAS HWY.
QUINCY FL 32352

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bill Mustard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/27/04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME ANDERSON, STUART
STREET ADDRESS 1041 MARION STREET
CITY-ST-ZIP DENVER CO 80218

TITLE VCP ☐ Delete
NAME LUTEN, KEVIN
STREET ADDRESS 609-A INDEPENDENCE AVE. SE
CITY-ST-ZIP WASHINGTON DC 20003

TITLE DST ☐ Delete
NAME UNGEMAH, DAVID
STREET ADDRESS 17421 RIMROCK DR.
CITY-ST-ZIP GOLDEN CO 80401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 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

9/1/04
Date

303-832-6357
Daytime Phone #