

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90136 026 \*\*\*150.00

**DOCUMENT # 408428**

1. Entity Name

**LIFEFLEET SOUTHEAST, INC.**

Principal Place of Business

2821 S PARKER RD  
 10TH FLOOR  
 AURORA CO 80014  
 US

Mailing Address

2821 S PARKER RD  
 10TH FLOOR  
 AURORA CO 80014  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1395439**

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

**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

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, 2001 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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GRAINGER, JOHN</b>
STREET ADDRESS	<b>3221 N SERVICE RD</b>
CITY-ST-ZIP	<b>BURLINGTON ON CANADA L7R -3Y8</b>
TITLE	<b>AS</b> <input type="checkbox"/> Delete
NAME	<b>WHITTAKER, SUSAN</b>
STREET ADDRESS	<b>600 SIX FLAGS DR</b>
CITY-ST-ZIP	<b>ARLINGTON TX 76011</b>
TITLE	<b>VPS</b> <input type="checkbox"/> Delete
NAME	<b>SILER, ROBERT</b>
STREET ADDRESS	<b>4914 W KNOX ST</b>
CITY-ST-ZIP	<b>TAMPA FL 33634</b>
TITLE	<b>PCEO</b> <input type="checkbox"/> Delete
NAME	<b>HAYES, RAYMOND</b>
STREET ADDRESS	<b>1305 CHASTIN ROAD NW, BUILDING 100,#400</b>
CITY-ST-ZIP	<b>KENNESAW GA 30144</b>
TITLE	<b>VPAS</b> <input type="checkbox"/> Delete
NAME	<b>MAMELSON, CRAIG T</b>
STREET ADDRESS	<b>1305 CHASTIN ROAD NW, BUILDING 100,#400</b>
CITY-ST-ZIP	<b>KENNESAW GA 30144</b>
TITLE	<b>VPAS</b> <input type="checkbox"/> Delete
NAME	<b>PORAZZO, GINO</b>
STREET ADDRESS	<b>2821 S PARKER RD, 10TH FLOOR</b>
CITY-ST-ZIP	<b>AURORA CO 80014</b>

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jack Edwards</b>
STREET ADDRESS	<b>2821 S. Parker Road, 10th Floor</b>
CITY-ST-ZIP	<b>Aurora, CO 80014</b>
TITLE	<b>VAS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lori A.E. Evans</b>
STREET ADDRESS	<b>3221 N. Service Road</b>
CITY-ST-ZIP	<b>Burlington, ON CANADA L7R3Y8</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lori A.E. Evans**

**3/26/01**

Date

**(303) 614-8500**

Daytime Phone #

**00033625**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)