

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90043 030 ***150.00

DOCUMENT # 512588

1. Entity Name

MARGATE VIDEO SYSTEMS, INC.

Principal Place of Business

Mailing Address

**9197 S PEORIA ST
ENGLEWOOD CO 80112-5833**

**P.O. BOX 5630
TAX DEPT.
DENVER CO 80217-5630**

2. Principal Place of Business

188 INVERNESS DR. W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

Zip
80112

Country
US

Zip

Country

4. FEI Number **59-1693369**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KOLES, KATHRYN
9197 S PEORIA ST
ENGLEWOOD CO 80112-5833** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
SOMERS, DANIEL E.
188 INVERNESS DR. W.
ENGLEWOOD CO 80112** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BARLOTTA, CHARLES
9197 S PEORIA ST
ENGLEWOOD CO 80112-5833** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
HUSEBY, MICHAEL P.
188 INVERNESS DR. W.
ENGLEWOOD CO 80112** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ULLRICH, JOANN
9197 S PEORIA ST
ENGLEWOOD CO 80112-5833** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JAMES M. MAZUR
188 INVERNESS DR. W.
ENGLEWOOD CO 80112** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AV
GOOKIN, NOLAN
9197 S PEORIA ST
ENGLEWOOD CO 80112-5833** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
MENGE, BRETT
188 INVERNESS DR. W.
ENGLEWOOD CO 80112** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FITZGERALD, WILLIAM R
9197 S PEORIA ST
ENGLEWOOD CO 80112-5833** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
DWYER, EDWARD M.
188 INVERNESS DR. W.
ENGLEWOOD CO 80112** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASST. SECRETARY
SHANK, JOHN L.
188 INVERNESS DR. W.
ENGLEWOOD CO 80112** ☐ Change ☒ Addition

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

JOHN L. SHANK, ASST. SEC.

4/10/01

Date

720-875-5322

Daytime Phone #

CR2E034 (10/00)