

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90239 011 \*\*\*150.00

**DOCUMENT # 641716**

1. Entity Name  
**GEE & JENSON**  
**ENGINEERS-ARCHITECTS-PLANNERS, INC.**



Principal Place of Business  
**ONE HARVARD CIRCLE**  
**WEST PALM BEACH, FL 33416-1600**

Mailing Address  
**P.O. BOX 22508**  
**WEST PALM BEACH, FL 33416-1600**

**11016946**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **DENVER, CO**

4. FEI Number **59-0685404**

Applied For

Not Applicable

Zip

Country

Zip **80222-0508**

Country **USA**

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 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

Name **NRAI SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**526 E. PARK AVENUE**

City **TALLAHASSEE**

**FL**

Zip Code **32301**

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

**MICHAEL MIRRIANE, ASST. SEC.**

**APRIL 22, 2003**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW WITH FEES IS \$150.00**  
**AFTER MAY 1, 2003 Fee will be \$550.00**  
**(No Check Payable to Florida Department of State)**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO**  
**GODDEAU, DONALD L**  
**ONE HARVARD CIRCLE**  
**WEST PALM BEACH, FL 33409**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**AHEARN, JOSEPH A**  
**6060 SOUTH WILLOW DRIVE**  
**GREENWOOD VILLAGE, CO 80116142**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**MCADAMS, ELIZABETH A**  
**6060 SOUTH WILLOW DRIVE**  
**GREENWOOD VILLAGE, CO 80116142**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**BOTNER, GEORGE**  
**ONE HARVARD CIRCLE**  
**WEST PALM BEACH, FL 33409**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**GRANNELL, PHILLIP A JR**  
**ONE HARVARD CIRCLE**  
**WEST PALM BEACH, FL 33409**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**DAVIS, JAMES A**  
**ONE HARVARD CIRCLE**  
**WEST PALM BEACH, FL 33409**

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

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:

**Elizabeth McAdams**

**4/16/03**

**303-977-0900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # 641716

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Suite, Apt. #, etc.

City & State

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(NOTE: Registered Agent's signature required when resigning)

DATE

**MICHAEL MIRRIIONE, ASST. SEC.**

**APRIL 22, 2003**

FILE NOW!!! FEE IS \$150.00  
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Check Payable to Florida Department of State

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Trust Fund Contribution. ☐

**\$5.00** May Be  
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO GODDEAU, DONALD L ONE HARVARD CIRCLE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AHEARN, JOSEPH A 6060 SOUTH WILLOW DRIVE GREENWOOD VILLAGE, CO 801115142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCADAMS, ELIZABETH A 6060 SOUTH WILLOW DRIVE GREENWOOD VILLAGE, CO 801115142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOTNER, GEORGE ONE HARVARD CIRCLE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRANNELL, PHILLIP A JR ONE HARVARD CIRCLE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, JAMES A ONE HARVARD CIRCLE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Elizabeth McAdams**

**4/16/03**

**303.771.0900**

Date

Daytime Phone #