

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90058 011 ***150.00

DOCUMENT # F00000007023

1. Entity Name

HANDEX OF COLORADO, INC.

Principal Place of Business

Mailing Address

400 CORPORATE CENTER, SUITE T
GOLDEN, CO. 806401-5639

30941 SUNEAGLE DR.
MT. DORA, FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1255170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0048901

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM E. TABOR, JR.
30941 SUNEAGLE DR.
MT. DORA, FL 32757

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 D/C ☐ Delete
NAME ROGER EATMAN
STREET ADDRESS 30941 SUNEAGLE DR.
CITY-ST-ZIP MT.DORA, FL 32757

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

TITLE D/P ☐ Delete
NAME GEORGE BANNON
STREET ADDRESS 30941 SUNEAGLE DR.
CITY-ST-ZIP MT.DORA, FL 32757

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

TITLE VP/ASSISTANT SECRETARY ☐ Delete
NAME BRIAN RICHARDS
STREET ADDRESS 30941 SUNEAGLE DR.
CITY-ST-ZIP MT.DORA, FL 32757

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

TITLE S ☐ Delete
NAME WILLIAM E. TABOR, JR.
STREET ADDRESS 30941 SUNEAGLE DR.
CITY-ST-ZIP MT.DORA, FL 32757

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

TITLE T ☐ Delete
NAME WILLIAM P. MULLINS
STREET ADDRESS 30941 SUNEAGLE DR.
CITY-ST-ZIP MT.DORA, FL 32757

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

TITLE ASSISTANT SECRETARY ☐ Delete
NAME ALEX CVERCKO
STREET ADDRESS 30941 SUNEAGLE DR.
CITY-ST-ZIP MT.DORA, FL 32757

TITLE ☐ Change ☐ 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

WILLIAM E. TABOR, JR., SECRETARY 02/02/01

Date

Daytime Phone #

CR2E034 (11/00)