

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004778

1. Entity Name

ROCKY MOUNTAIN EXPRESS CORP.

Dep 00

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90057 008 ***150.00

Principal Place of Business

PO BOX 4209
EVERGREEN CO 80437-4209

Mailing Address

PO BOX 4209
EVERGREEN CO 80437-4209

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

84-0918715

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

HAKSTEEN, HERMAN
2301 PARK AVE
STE 302
ORANGE PARK FL 32073

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, 2000 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 P
NAME LENTZ, WILLIAM W
STREET ADDRESS RR #5 BOX 208A
CITY-ST-ZIP RAEFORD NC 28376 ☐ Delete

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

TITLE V
NAME BOSSICK, JOHN J
STREET ADDRESS 2628 FREESTONE LANE
CITY-ST-ZIP RALEIGH NC 27603 ☐ Delete

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

TITLE SVC
NAME PACIFICO, VINCENT
STREET ADDRESS 83 MICHIGAN AVENUE
CITY-ST-ZIP MASSAPEQUA NY 11756 ☐ Delete

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

TITLE TD
NAME ADELSON, SEYMOUR
STREET ADDRESS 50 E 79TH STREET
CITY-ST-ZIP NEW YORK NY 10021 ☐ Delete

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

TITLE D
NAME STEPHENS, PHIL
STREET ADDRESS 2950 NE JELLISON ROAD
CITY-ST-ZIP BLUE SPRINGS MO 64015 ☐ Delete

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

TITLE C
NAME HENDERSON, WILLIAM J
STREET ADDRESS 34095 RANCHERO DRIVE
CITY-ST-ZIP EVERGREEN CO 80439 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

3/9/00

Date

303-674-8522

Daytime Phone #

CR2E034 (9/99)