

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90050 003 ***150.00

DOCUMENT # F96000004778
 1. Entity Name
ROCKY MOUNTAIN EXPRESS CORP.

Principal Place of Business PO BOX 4209 EVERGREEN CO 80437-4209	Mailing Address PO BOX 4209 EVERGREEN CO 80437-4209
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 84-0918715	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HAKSTEEN, HERMAN
2301 PARK AVE
STE 302
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent
 Name **Russell Owen**
 Street Address (P.O. Box Number is Not Acceptable)
SAME
 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 *Russell Owen* DATE **2/22/01**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENTZ, WILLIAM W RR #5 BOX 208A RAEFORD NC 28376
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOSSICK, JOHN J 2628 FREESTONE LANE RALEIGH NC 27603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC PACIFICO, VINCENT 83 MICHIGAN AVENUE MASSAPEQUA NY 11756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADELSON, SEYMOUR 50 E 79TH STREET NEW YORK NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, PHIL 2950 NE JELLISON ROAD BLUE SPRINGS MO 64015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HENDERSON, WILLIAM J 34095 RANCHERO DRIVE EVERGREEN CO 80439

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *DA Beezley* **DA Beezley Controller** **2/19/01** **303-674-8522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)