

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90362 039 \*\*\*158.75

**DOCUMENT # F98000000847**

1. Entity Name

**BEHRENT ENGINEERING COMPANY**

Principal Place of Business

**11455 W. I-70 N. FRONTAGE ROAD  
WHEAT RIDGE CO 80033**

Mailing Address

**11455 W. I-70 N. FRONTAGE ROAD  
WHEAT RIDGE CO 80033**

2. Principal Place of Business

**11455 W. I-70 N.**

3. Mailing Address

**11455 W. I-70 N. Frontage**

Suite, Apt. #, etc.

**Frontage Rd.**

Suite, Apt. #, etc.

**Frontage Rd.**

City & State

**Wheat Ridge, CO**

City & State

**Wheat Ridge, CO**

4. FEI Number

**84-0516112**

Applied For

Not Applicable

Zip

**80033**

Country

**US**

Zip

**80033**

Country

**US**

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 ROAD  
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 **P** ☐ Delete  
NAME **SHELANDER, TERRENCE F**  
STREET ADDRESS **16093 W. 68TH CIRCLE**  
CITY-ST-ZIP **ARVADA CO**

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

TITLE **V** ☐ Delete  
NAME **LAMAN, RICHARD**  
STREET ADDRESS **9558 W. CRESTLINE DRIVE**  
CITY-ST-ZIP **LITTLETON CO**

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

TITLE **D** ☐ Delete  
NAME **BAUMER, ROBERT**  
STREET ADDRESS **9735 JELLISON STREET**  
CITY-ST-ZIP **WESTMINSTER CO**

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

TITLE **T** ☐ Delete  
NAME **KULLMAN, JOHN**  
STREET ADDRESS **8247 YARROW COURT**  
CITY-ST-ZIP **ARVADA CO**

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

TITLE **S** ☐ Delete  
NAME **ARMSTRONG, DOUGLAS**  
STREET ADDRESS **7178 SOUTH WILLA LANE**  
CITY-ST-ZIP **EVERGREEN CO**

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

TITLE **D** ☐ Delete  
NAME **DEAN, JOHN**  
STREET ADDRESS **12455 E. ALASKA AVENUE**  
CITY-ST-ZIP **AURORA CO**

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:

*Terrence F. Shelander* **TERRENCE F. SHELANDER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2-9-2001**

Daytime Phone #

**303-940-6868**

CR2E034 (10/00)