

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000004915**1. Entity Name
INTEGRATED TRANSPORT SERVICES, INC.Principal Place of Business
PO BOX 211173
DENVER CO 80221Mailing Address
PO BOX 211173
DENVER CO 80221

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

84-1252822

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON ROBERT
11550 VILLA GRANDFORT MYERS FL
33913

7. Name and Address of New Registered Agent

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 _____ **08/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE STVC ☐ Delete
NAME FOURNIER RICK
STREET ADDRESS 12490 JOSEPHINE
CITY-ST-ZIP THORNTON CO 80229TITLE VD ☐ Delete
NAME BOATRIGHT JON P
STREET ADDRESS 12242 WOLFF DR
CITY-ST-ZIP BROOMFIELD CO 80020TITLE PC ☐ Delete
NAME FOURNIER DANIEL K
STREET ADDRESS 12242 WOLFF DRIVE
CITY-ST-ZIP BROOMFIELD CO 80020TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☒ Change ☐ Addition
NAME BOATRIGHT JON P
STREET ADDRESS 335 PETERSON DR
CITY-ST-ZIP TAYLORSVILLE KY 40071TITLE PC ☒ Change ☐ Addition
NAME FOURNIER DANIEL K
STREET ADDRESS 12299 UTICA PLACE
CITY-ST-ZIP BROOMFIELD CO 80020TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: DANIEL K. FOURNIER

PC

08/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)