

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000006771**

1. Entity Name

**BOB HOLTZ SERVICES, INC.****FILED****Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90065 011 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br><b>178 DENARGO MARKET<br/>DENVER CO 80216</b> | Mailing Address<br><b>178 DENARGO MARKET<br/>DENVER CO 80216-5033</b> |
|--|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **84-1438523**

Applied For

Not Applied For

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, 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**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>HOLTZ, ROBERT S<br/>421 CHOKE CHERRY CT.<br/>GOLDEN CO 80403-1947</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>GAINES, DAVID E<br/>RR NO. 1 BOX 303E<br/>TIDIOUTE PA 16351</b>       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DST<br/>HOLTZ, ANNE H<br/>421 CHOKE CHERRY CT.<br/>GOLDEN CO 80403-1947</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>3131 E. Alameda Ave #308<br/>Denver CO 80209-5400</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>RR NO. 2 Box 492<br/>Tidioute PA 16351</b>             |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>3131 E. Alameda Ave #308<br/>Denver, CO 80209-5400</b> |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
|   |   |

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:****Robert S. Holtz, President****1/5/00 (303) 296-9511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #