

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004897

1. Entity Name
CORBETT SYSTEMS DEVELOPMENT, INC.

Principal Place of Business

1927 N. TEJON STREET
COLORADO CO 80907

Mailing Address

1927 N. TEJON STREET
COLORADO CO 80907-6918

2. Principal Place of Business

2121 N. Weber St.

Suite, Apt. #, etc.

Suite 100

City & State

Colorado Springs, CO

Zip

80907

Country

USA

3. Mailing Address

2121 N. Weber St.

Suite, Apt. #, etc.

Suite 100

City & State

Colorado Springs, CO

Zip

80907

Country

USA

4. FEI Number

84-1326901

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLIN, KENT
7100 PLANTATION ROAD, SUITE 3
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

same

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
Kent Bolin

Kent Bolin

1-12-00

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 \$500.00
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	CP	☐ Delete
NAME	DICKEY, STEPHEN C	
STREET ADDRESS	1927 N. TEJON STREET	
CITY-ST-ZIP	COLORADO CO 80907	
TITLE	S	☐ Delete
NAME	DICKEY, ANN M	
STREET ADDRESS	1927 N. TEJON STREET	
CITY-ST-ZIP	COLORADO CO 80907	
TITLE	V	☐ Delete
NAME	ALEXANDER, ANA M	
STREET ADDRESS	18225 STONEVIEW ROAD	
CITY-ST-ZIP	MONUMENT CO 80132	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Stephen C. Dickey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

719-955-4120

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90031 001 ***150.00

837648



DO NOT WRITE IN THIS SPACE

1000/1250000