

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90010 032 ***550.00

DOCUMENT # F99000006723

1. Entity Name

VENTURI TECHNOLOGIES, INC.

Principal Place of Business

6295 E 56TH AVE
COMMERCE CITY CO 80022

Mailing Address

PO BOX 16423
DENVER CO 80216

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **87-0580279**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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 **VCP** ☒ Delete
NAME **HOPKINS, JOHN**
STREET ADDRESS **763 NORTH 530 EAST**
CITY-ST-ZIP **OREM UT 84097**TITLE **C** ☒ Delete
NAME **KARREN, GAYLORD**
STREET ADDRESS **763 NORTH 530 EAST**
CITY-ST-ZIP **OREM UT 84097**TITLE **DV** ☒ Delete
NAME **STONE, JIM**
STREET ADDRESS **763 NORTH 530 EAST**
CITY-ST-ZIP **OREM UT 84097**TITLE ☐ 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 **CEO** ☒ Change ☐ Addition
NAME **MICHAEL DOUGHERTY**
STREET ADDRESS **6295 E. 56TH AVE**
CITY-ST-ZIP **COMMERCE CITY, CO 80022**TITLE **COO** ☒ Change ☐ Addition
NAME **MITCHELL J. MARTIN**
STREET ADDRESS **6295 E. 56TH AVE**
CITY-ST-ZIP **COMMERCE CITY, CO 80022**TITLE **CFO** ☒ Change ☐ Addition
NAME **STEVE ABATE**
STREET ADDRESS **6295 E. 56TH AVE**
CITY-ST-ZIP **COMMERCE CITY, CO 80022**TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **PAMELA J. MILLER**
STREET ADDRESS **6295 E. 56TH AVE**
CITY-ST-ZIP **COMMERCE CITY, CO 80022**TITLE ☐ 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA J. MILLER, 7/9/01 720-322-7770
Cof P Sec

Date

Daytime Phone #

CR2E034 (5/01)