

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001088

1. Entity Name

BTE EQUIPMENT, LLC

Principal Place of Business

3555 FARNAM STREET, SUITE 200
OMAHA NE 68131

Mailing Address

3555 FARNAM STREET, SUITE 200
OMAHA NE 68131-3302

2. Principal Place of Business

1025 Eldorado Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1025 Eldorado Blvd.

Suite, Apt. #, etc.

City & State

Broomfield, CO

City & State

Broomfield, CO

Zip

80021

Country

US

Zip

80021

Country

US

4. FEI Number

47-0814590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003258509--4
-05/19/00--01006--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME CROWE, JAMES O
STREET ADDRESS 3555 FARNAM, SUITE 200
CITY-ST-ZIP OMAHA NE 68131

TITLE MGR ☐ Delete
NAME BRADBURY, R. DOUGLAS
STREET ADDRESS 3555 FARNAM, SUITE 200
CITY-ST-ZIP OMAHA NE 68131

TITLE MGR ☒ Delete
NAME FERGUSON, TERRENCE J
STREET ADDRESS 3555 FARNAM, SUITE 200
CITY-ST-ZIP OMAHA NE 68131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1025 Eldorado Blvd.
CITY-ST-ZIP Broomfield, CO 80021

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1025 Eldorado Blvd.
CITY-ST-ZIP Broomfield, CO 80021

TITLE ☐ Change ☒ Addition
NAME Manager
STREET ADDRESS Thomas C. Stortz
CITY-ST-ZIP 1025 Eldorado Blvd.
Broomfield, CO 80021

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
Thomas C. Stortz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

4/25/00

Daytime Phone #

(920) 888-2505

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CR2E083 (9/99)