

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91306 043 \*\*\*150.00

**DOCUMENT # P98000096526**

1. Entity Name

**AIR RESPONSE NORTH, INC.**

Principal Place of Business

1903 S. CONGRESS AVENUE  
 SUITE 400  
 BOYNTON BEACH FL 33426

Mailing Address

1903 S. CONGRESS AVENUE  
 SUITE 400  
 BOYNTON BEACH FL 33426

2. Principal Place of Business

7211 S PEORIA ST  
**ENGLEWOOD, CO**

3. Mailing Address

7211 S PEORIA ST

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

SAME

City & State

**ENGLEWOOD CO**

City & State

**ENGLEWOOD CO**

Zip

80112

Country

ARAPAHOE

Zip

80112

Country

SAME



DO NOT WRITE IN THIS SPACE

4. FEI Number

**58-2476854**

Applied For

Not Applicable

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

**BIVINS, DANIEL W JR**  
 1903 S. CONGRESS AVENUE  
 SUITE 400  
 BOYNTON BEACH FL 33426

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **PERSHES, PAUL C**  
 STREET ADDRESS **1903 S. CONGRESS AVE. SUITE 400**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **CEO, PRES** ☐ Change ☒ Addition  
 NAME **DENNIS ROMMEL P**  
 STREET ADDRESS **7211 S PEORIA ST 200**  
 CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE **DCEO** ☒ Delete  
 NAME **CAPECE, LOUIS R**  
 STREET ADDRESS **1903 S CONGRESS AVE #400**  
 CITY-ST-ZIP **BOYNTON BCH FL 33426**

TITLE **D** ☒ Change ☐ Addition  
 NAME **CAPECE, LOUIS R.**  
 STREET ADDRESS **7211 S PEORIA ST 200**  
 CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE **VP** ☐ Delete  
 NAME **JONES, DON**  
 STREET ADDRESS **1903 S CONGRESS AVE #400**  
 CITY-ST-ZIP **BOYNTON BCH FL 33426**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **KOBIRN, ARTHUR P**  
 STREET ADDRESS **1903 S CONGRESS AVE #400**  
 CITY-ST-ZIP **BOYNTON BCH FL 33426**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☒ Delete  
 NAME **DOSCHER, CHRISTOPHER K**  
 STREET ADDRESS **1903 S CONGRESS AVE #400**  
 CITY-ST-ZIP **BOYNTON BCH FL 33426**

TITLE **V.P.** ☐ Change ☒ Addition  
 NAME **DAVID COHEN H**  
 STREET ADDRESS **7211 S. PEORIA ST 200**  
 CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Delete  
 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/01 303-708-7110  
 Date Daytime Phone #

CR2E034 (10/00)