

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90007 028 \*\*\*150.00

**DOCUMENT # F99000001450**

1. Entity Name

**GEA MODULAR COOLING CONCEPTS, INC.**

Principal Place of Business

Mailing Address

143 UNION BLVD., #400  
 LAKEWOOD CO 80228

143 UNION BLVD., #400  
 LAKEWOOD CO 80228-1827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**84-1485801**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

HUUJDDGJ



DO NOT WRITE IN THIS SPACE

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
C	GIBSON, JOHN C	143 UNION BLVD., #400	LAKEWOOD CO 80228	<input checked="" type="checkbox"/>
P	HALL, D. RAY	143 UNION BLVD., #400	LAKEWOOD CO 80228	<input type="checkbox"/>
S	OSBORNE, CHERYL	143 UNION BLVD., #400	LAKEWOOD CO 80228	<input checked="" type="checkbox"/>
T	SHOEMAKER, SUSAN	143 UNION BLVD., #400	LAKEWOOD CO 80228	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Larry Williams	143 Union Blvd. #400	Lakewood CO 80228	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Secretary + Vice President	Hector Cruz	143 Union Blvd. #400	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Lakewood Co 80228	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Susan Shoemaker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00  
 Date

303 947 0123  
 Daytime Phone #

CR2E034 (9/99)