

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90019 009 ***550.00

0136604 AT

DOCUMENT # P25122 (LA)
 1. Entity Name
OWEN ENGINEERING & MANAGEMENT CONSULTANTS, INCOR

Principal Place of Business 5353 WEST DARTMOUTH AVE. STE 307 DENVER CO 80227	Mailing Address 5353 WEST DARTMOUTH AVE. STE 307 DENVER CO 80227
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5353 W Dartmouth Avenue Suite, Apt. #, etc. Suite 509 City & State Denver, CO	3. Mailing Address 5353 W Dartmouth Avenue Suite, Apt. #, etc. Suite 509 City & State Denver, CO
Zip 80227	Country USA

4. FEI Number 84-0893869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OWEN, WEBSTER J J
1240 FLYING BRIDGE LANE
SUITE 200
OSPREY FL 34229

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 *Webster J J Owen* 7/13/01
(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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	OWEN, WEBSTER J JR	
STREET ADDRESS	5353 W. DARTMOUTH AVE.	
CITY-ST-ZIP	DENVER CO	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OWEN, WEBSTER J., JR.	
STREET ADDRESS	3377 COACH LN. S-K	
CITY-ST-ZIP	CAMERON PARK CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Webster J J Owen* 7/13/01 530 677 5286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)