

9/12

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90084 011 \*\*\*550.00

DOCUMENT # **F00000001326**

1. Entity Name

**FLORIDA DIVISION OF UNITED SECURITIES ALLIANCE, INC.**

Principal Place of Business

**8 INVERNESS DR. EAST, SUITE 100  
ENGLEWOOD CO 80112**

Mailing Address

**8 INVERNESS DR. EAST, SUITE 100  
ENGLEWOOD CO 80112**

10000

2. Principal Place of Business

**7730 E Bellevue Avenue**

3. Mailing Address

**7730 E Bellevue Avenue**

Suite, Apt. #, etc.

**Suite AG-9**

Suite, Apt. #, etc.

**Suite AG-9**

City & State

**Greenwood Village, CO**

City & State

**Greenwood Village, CO**

4. FEI Number

**58-2097636**

Applied For

Not Applicable

Zip

**80111**

Country

**USA**

Zip

**80111**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City **Plantation**

**FL**

Zip Code **33324**

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 **Hiedi M. Suesch**

**Spec. Asst. Sct**

**9-30-02**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BLOOMINGKEMPER, RONALD</b>	
CITY-ST-ZIP	<b>8 INVERNESS DR. EAST, SUITE 100 ENGLEWOOD CO 80112</b>	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>PETRINOVICH, RONALD</b>	
CITY-ST-ZIP	<b>8 INVERNESS DR. EAST, SUITE 100 ENGLEWOOD CO 80112</b>	
TITLE NAME	<b>P</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>MAXWELL-JONES, MELODIE</b>	
CITY-ST-ZIP	<b>8 INVERNESS DRIVE E 100 ENGLEWOOD CO 80112</b>	
TITLE NAME	<b>VPCO</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>STEINMANN, JUDITH</b>	
CITY-ST-ZIP	<b>8 INVERNESS DRIVE E 100 ENGLEWOOD CO 80112</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>President, Secretary, Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Patrick Sutherland</b>	
CITY-ST-ZIP	<b>7730 E Bellevue Ave Ste AG-9 Greenwood Village CO 80111</b>	
TITLE NAME	<b>Vice-President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Michael Jones</b>	
CITY-ST-ZIP	<b>7730 E Bellevue Ave Ste AG-9 Greenwood Village CO 80111</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Ronald Bloomingkemper</b>	
CITY-ST-ZIP	<b>7730 E Bellevue Avenue Ste AG-9 Greenwood Village CO 80111</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Ronald Petrinovich</b>	
CITY-ST-ZIP	<b>7730 E Bellevue Ave Ste AG-9 Greenwood Village CO 80111</b>	
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)(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 REQUIRED Patrick Sutherland** **6/28/02** **303-792-0500**  
Date Daytime Phone #

CR2E034 (9/01)