FILED May 13, 2002 8:00 am Secretary of State

Daytime Phone #

FOR PROFIT CORPORATION

DOO! !! IT !!		05-13-2002 90166 035 ***150.00		
DOCUMENT # F000000071	138			
1. Entity Name				
STAWIARSKI & ASSOCIATES,	P.C.		1	
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B0 110-11-1-	<u>.</u>		可	
DO NOT WRITE	: IN THIS SPA	\CF	1	
		TOL	- 656	466
2. Principal Place of Business	3. Mailing Address		_	
9200 EAST MINERAL AVENUE	-		,	
Suite, Apt. #, etc.	9200 EAST MINI	ERAL AVENUE	_	
SUITE 380	Suite, Apt. #, etc.		DO NOT WRITE IN THI	IS SDACE
City & State	SUITE 380		DONOT WITH IN THIS SPACE	
3101	City & State		4. FEI Number	Applied For
ENGLEWOOD, COLORADO Zip Country	ENGLEWOOD, COI	LORADO	84-1557409	Not Applicable
	Zip	Country		
30112 U.S.A.	80112	U.S.A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name and Address of Court Day	•
DO NOT		l Name	Name and Address of Current Regis	
DO NOT V	VRITE	LEXIS	DOCUMENT SERVICES INC.	_
IN THIS SI		I onset Address ((P.O. Box Number is Not Acceptable) . KELLEY RD.	
114 11119 91	MAGE	<u> </u>	. REDLEI RD.	
	. "		<u> </u>	
		City TALLAHAS	SEE FL	Zip Code 32311
B. The above named entity submits this statem	ent for the purpose of changing	its registered office or regis	stered agent, or both in the State of Florida	32311
SIGNATURE			serve again, a both at the state of Florida.	
Signature typed or printed of registered	agent and title if applicable /N/	OTE: D		
9. This corporation is eligible to satisfy its Intangil		OTE: Registered Agent signatu	re required when reinstating)	DATE
Tax filing requirement and elects to do so.	Δ60 - 30 -	- May 1 Fee is \$150.00 ly 1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 H B
(See criteria on back)	Make Check Pro	iy 1, Fee is \$550.00 led UBR is \$61.25 able to Department of St	Trust Fund Contribution.	\$5.00 May Be Added to Fees
1. OFFICERS AND DIREC	CTORS	anie to nebartment of St	ate	
TILE PRESIDENT			and the second s	
AME LEO C. STAWIARSKI, JR	₹.	NAME S		
OLONTAL DO	TUE	STREET ADDRESS		*
LITY-ST-ZIP LITTLETON, COLORAD	 IO 00134	CITY-ST-ZIP		
TILE	00_80124			
IAME		TITLE		
TREET ADDRESS		NAME		See Defended with the second
ITY-ST-ZIP		STREET ADDRESS CITY - ST - ZIP		
TLE				
AME		TITLE		
REET ADDRESS		NAME		
TY-ST-ZIP		STREET ADDRESS	DO NOT WRITI	
TLE		CITY-ST-ZIP		
AME		NAME	IN THIS SPACE	
REET ADDRESS		STREET ADDRESS		_
TY-ST-ZIP		CITY-ST-ZIP		
TLE .				
ME		TITLE		
REET ADDRESS		NAME STREET ADDRESS		j.
Y-ST-ZIP		STREET ADDRESS	# # # # # # # # # # # # # # # # # # #	
île		CITY-ST-ZIP	and the second s	
AME	I	TITLE		
REET ADDRESS		NAME		,
Y-ST-ZIP		STREET ADDRESS		
		CITY-ST-ZIP		
I hereby certify that the information supplied with indicated on this report or supplemental report is to the cornection or the receivers.	this filing does not qualify for th	e exemption stated in Section	on 119 07/3Vi) Florida Statuta - 1 4 ant	
indicated on this report or supplemental report is to the corporation or the receiver or trustee empo	rue and accurate and that my si	ignature shall have the same	e legal effect as if made under oath; that I am	that the information an officer or director
of the corporation or the receiver or trustee empo attachment with an address, with all other like empower	red	required by Chapter 607, F	ronda Statutes; and that my name appears in	Block 11 or on an
IGNATURE:	1/2	_		
			9/23/02 303-7	799-0072
SIGNATURE AND TOPED OR PRI	NTED NAME OF SIGNING OFFICE	OR DIRECTOR	Date Date	11 00 10