

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

05-13-2002 90166 035 \*\*\*150.00

DOCUMENT # F00000007122

1. Entity Name

STAWIARSKI & ASSOCIATES, P.C.

**DO NOT WRITE IN THIS SPACE**

- 656466

2. Principal Place of Business

9200 EAST MINERAL AVENUE

Suite, Apt. #, etc.

SUITE 380

City & State

ENGLEWOOD, COLORADO

Zip

80112

Country

U.S.A.

3. Mailing Address

9200 EAST MINERAL AVENUE

Suite, Apt. #, etc.

SUITE 380

City & State

ENGLEWOOD, COLORADO

Zip

80112

Country

U.S.A.

4. FEI Number

84-1557409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LEXIS DOCUMENT SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)

3953 W.W. KELLEY RD.

City

TALLAHASSEE

FL

Zip Code

32311

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 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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 PRESIDENT

NAME LEO C. STAWIARSKI, JR.

STREET ADDRESS 8581 COLONIAL DRIVE

CITY-ST-ZIP LITTLETON, COLORADO 80124

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02

303-799-0072

CR2E034B (12/01)