

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90047 023 ***158.75

DOCUMENT # F00000004704

1. Entity Name
EASYQUAL HOMES, INC.



Principal Place of Business
**6795 E. TENNESSEE AVE., SUITE 500
DENVER, CO 80224**

Mailing Address
**6795 E. TENNESSEE AVE., SUITE 500
DENVER, CO 80224 US**

2. Principal Place of Business
**6200 S. SYRACUSE WAY
Suite, Apt. #, etc.
125-30**

3. Mailing Address
**6200 S. SYRACUSE WAY
Suite, Apt. #, etc.
125-30**

City & State
**GREENWOOD VILLAGE
Zip
80111 Country
US**

City & State
**GREENWOOD VILLAGE, CO
Zip
80111 Country
US**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
84-1374481

Applied For
☐ Not Applicable

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
JAMES SAUNDERS
Street Address (P.O. Box Number is Not Acceptable)
**26651 SW. 174 PLACE
City HOMESTEAD FL Zip Code 33031**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James C Saunders*

DATE **4/18/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUNDERS, JAMES 6795 E. TENNESSEE AVE., SUITE 500 DENVER, CO 80224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAX, SCOTT 6795 E. TENNESSEE AVE., SUITE 500 DENVER, CO 80224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNOLLY, MATTHEW 6795 E. TENNESSEE AVE., SUITE 500 DENVER, CO 80224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUNDERS, JAMES 26651 SW 174 PLACE HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James C Saunders* **4/18/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

303 475-4347

Daytime Phone #

CR2E034 (10/02)