## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F98000005910 May 09, 2000 8:00 am MARKET WISE SECURITIES, INC. Secretary of State 04-03-2000 90166 015 \*\*\*150.00 Principal Place of Business Mailing Address 6343 W 120 AVE 6343 W 120 AVE **BROOMFIELD CO 80020** BROOMFIELD CO 80020-3711 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. O NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name <u>Glenn, John</u> GLENN, JOHN Street Address (P.O. Box Number is Not Acceptable) 712 147TH ST E. **BRADENTON FL 34202** 4890 West Kennedy Blvd., Suite 500 City Tampa 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 name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fee! (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12 Change Addition TITLE Delete TITLE W. John Whitehouse NAME NASSAR, DAVID S 171 Starr Road STREET ADDRESS STREET ADDRESS 10899 IRVING COURT Sinking Spring, PA 19608 CITY-ST-ZIP CHY-ST-7IP **WEST MINSTER CO 80030** Addition Change DST Delete TIRE TITLE NAME NASSAR, TRACEY T NAME STREET ADDRESS STREET ADDRESS 10899 IRVING COURT CITY-ST-ZIP CITY-ST-ZIP WEST MINSTER CO 80030 ☐ Change Addition TITLE Delete NAME WARD, KEVIN NAME STREET ADDRESS STREET ADDRESS 459 WRIGHT STREET, UNIT 107 CITY-ST-ZIP CITY-ST-ZIP LAKE WOOOD CO 80228 Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME

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 of this tee 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 affection with be address with all other like empowered.

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TITLE

NAME

<del>- Davi</del>d Nassar

Delete

INTED NAME OF SIGHING OFFICER OR DIRECTOR

(303) 464-0404

Date

Osytime Phone #

Change

Addition