

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90207 034 ***150.00

DOCUMENT # F99000004290

1. Entity Name
MARTIN HARPER & ASSOCIATES, INC.



Principal Place of Business
**P.O. BOX 4001
WHEATRIDGE CO 80034**

Mailing Address
**P.O. BOX 4001
WHEATRIDGE CO 80034**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **84-1093281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE ☐ Delete
NAME **T JANSEN, DUANE A**
STREET ADDRESS **16547 W. 73RD DRIVE**
CITY-ST-ZIP **GOLDEN CO 80403**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Delete
NAME **THOMAS, GARY A**
STREET ADDRESS **3485 W. GREENWOOD PLACE**
CITY-ST-ZIP **DENVER CO 80236**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Delete
NAME **DUNBAR, NEIL F**
STREET ADDRESS **949 GILIA DRIVE**
CITY-ST-ZIP **GOLDEN CO 80401**

TITILE ☒ Change ☐ Addition
NAME
STREET ADDRESS **724 RIDGESIDE DR**
CITY-ST-ZIP

S ☐ Delete
NAME **KEYES, CHARLES D**
STREET ADDRESS **14050 FOOTHILL CIRCLE**
CITY-ST-ZIP **GOLDEN CO 80401**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
NAME **MARTIN, JOHN A JR.**
STREET ADDRESS **110 VIA PASQUAL**
CITY-ST-ZIP **REDONDO BEACH CA 90277**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Delete
NAME **HARPER, GARY**
STREET ADDRESS **3300 WEST 69TH STREET**
CITY-ST-ZIP **MISSION HILLS KS 66208**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 303-431-6100

Date

Daytime Phone #

CR2E034 (10/02)