

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G45902**

1. Entity Name

**FINANCIAL RESOURCES CONSULTANTS INC.**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90010 025 \*\*\*150.00

Principal Place of Business

Mailing Address

5490 SO. JASPER WAY  
AURORA CO 80015

5490 SO. JASPER WAY  
AURORA CO 80015-4226

2. Principal Place of Business

**5340 Pinyon Jay Road**

3. Mailing Address

**5340 Pinyon Jay Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PARKER CO**

City & State

**PARKER CO**

Zip

**80134**

Country

Zip

**80134**

Country

4. FEI Number

**59-2317063**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ASMUS, BARRY K CPA**  
**515 NE 101 ST**  
**MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST**  
**MITCHELL, GARY E**  
**1507 HAYWOOD RD, STE C**  
**HENDERSONVILLE NC**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**GRIFFIN, WILLIAM RAY**  
**23 HAMPSTEAD ROAD**  
**ASHEVILLE NC**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 12 if changed, 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 #

**1/30/2000 303 841 7069**