

2001 UNIFORM BUSINESS REPORT (UBR)

0030061 AF

DOCUMENT # M00000000874

1. Entity Name
CPR THERAPIES, LLC

FILED

01 JAN 29 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

245 S. BENTON STREET
LAKEWOOD CO 80226

Mailing Address

245 S. BENTON STREET
LAKEWOOD CO 80226

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

88-0452383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

MORE, LAURA
13027 ST. FILAGREE DRIVE
RIVERVIEW FL 33569-7083

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: CEO
NAME: ED SEILER
STREET ADDRESS: 245 S. BENTON ST STE 150
CITY-ST-ZIP: LAKEWOOD CO 80226

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

400003632094-9
-02/05/01--01013--017
*****50.00 *****50.00

☐ Change

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

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☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ed Seiler

SIGNATURE REQUIRED

10 JAN 01

303-231-1427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)