

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0043729

**DOCUMENT # M00000000874**

1. Entity Name

**CPR THERAPIES, LLC**

02-05-2002 90057 039 \*\*\*\*\*50.00

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

**11757 W. Ken Caryl Ave**

Suite, Apt. #, etc.

**Suite F, PMB 307**

City & State

**Littleton, CO**

Zip

**80127**

Country

**USA**

3. Mailing Address

**11757 W. Ken Caryl Ave**

Suite, Apt. #, etc.

**Suite F, PMB 307**

City & State

**Littleton, CO**

Zip

**80127**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**88-0452383**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
 Fee 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**CEO  
 SEILER, ED  
 245 S. BENTON ST. SUITE 150  
 LAKEWOOD CO 80226**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**1-18-02 303456-1844**

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

Date

Daytime Phone #

CR2E083 (9/01)