

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90087 026 *****50.00

DOCUMENT # M01000002027

1. Entity Name

CREDITORS FINANCIAL GROUP LLC

Principal Place of Business

**3131 SOUTH VAUGHN WAY, STE. 120
 AURORA CO 80014**

Mailing Address

**3131 SOUTH VAUGHN WAY, STE. 120
 AURORA CO 80014**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1541070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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 re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete

NAME **HENRY SWAYZE**
 STREET ADDRESS **9240 ECRESTHIDE AVE**
 CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE **MGRM** ☐ Delete

NAME **DAVID YOUNG**
 STREET ADDRESS **80 HOLTZ ROAD**
 CITY-ST-ZIP **CHEEKTOWAY WV 26010**

TITLE **MGRM** ☐ Delete

NAME **TOM FASO**
 STREET ADDRESS **80 HOLTZ ROAD**
 CITY-ST-ZIP **CHEEKTOWAY WV 26010**

TITLE **MGRM** ☐ Delete

NAME **CHARLES WAJL**
 STREET ADDRESS **11009 RACKHURST AVE**
 CITY-ST-ZIP **LAS VEGAS NV 89134**

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
 STREET ADDRESS
 CITY-ST-ZIP

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: HENRY SWAYZE **Jan 28 2002** **303 369 2345**

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

Date

Daytime Phone #

CR2E083 (9/01)