

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90003 029 \*\*\*\*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

**3131 South Vaughn Way**  
Suite, Apt. #, etc.  
**STE. 110**

3. Mailing Address

**3131 South Vaughn Way**  
Suite, Apt. #, etc.  
**STE. 110**

City & State

**Aurora, CO**

City & State

**Aurora, CO**

4. FEI Number

**16-1541070**

Applied For

Not Applicable

Zip

**80014**

Country

**USA**

Zip

**80014**

Country

**USA**

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. 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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGRM SWAYZE, HENRY**  
STREET ADDRESS **9280 E CRESTLIDE AVE.**  
CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE ☐ Delete  
NAME **MGRM YOUNG, DAVID**  
STREET ADDRESS **80 HOLTZ RD.**  
CITY-ST-ZIP **CHEEKTOWAGA NY 14225**

TITLE ☐ Delete  
NAME **MGRM IASO, TOM**  
STREET ADDRESS **80 HOLTZ RD**  
CITY-ST-ZIP **CHEEKTOWAGA NY 14225**

TITLE ☐ Delete  
NAME **MGRM NAIL, CHARLES**  
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 **MGRM Nail, Charles**  
STREET ADDRESS **9510 S. Shadow Hill Circle**  
CITY-ST-ZIP **Lone Tree, CO 80124-5483**

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

Date

Daytime Phone #

CR2E083 (10/02)