

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # M99000000616****1. Entity Name**
PROFESSIONAL EXCHANGE ACCOMMODATORS, LLC

Principal Place of Business 8101 E. PRENTICE AVE., SUITE 605 ENGLEWOOD CO 80111	Mailing Address 8101 E. PRENTICE AVE., SUITE 605 ENGLEWOOD CO 80111
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2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
84-1294453Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**CHEW JIMMIE L
3001 N. ROCKY POINT DR. EAST, SUITE 200

TAMPA FL
33607 USName
CHEW JIMMIE L
Street Address (P.O. Box Number is Not Acceptable)
1424 SW 53RD TERRACE

City
CAPE CORAL FL Zip Code
33914**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** **04/27/2001**
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**9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORMAN GARY R 8101 E. PRENTICE AVE., SUITE 605 ENGLEWOOD CO 80111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Gary R. Gorman **MGR** **04/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)