2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENŢ # P02000041457

 Entity Name UNITED BUSINESS APPLICATIONS, INC.



FILED Apr 22, 2005 08:00 AM Secretary of State

Principal Place of Business

4875 RICARA DR BOULDER, CO 80303 Mailing Address

4875 RICARA DR BOULDER, CO 80303



DO NOT WRITE IN THIS SPACE

03052005

No Chg-P

CR2E034 (10/03)

4. FEI Number 02-0582055

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY., STE.300 TAMPA, FL 33637

DO NOT WRITE IN THIS SPACE

| | | | . 1 | | | | · . | |
|--|--|------------------|--------------------------------------|---------------|--------------------------------|--------------------------|------------------------------------|--|
| 8. The above the obligat | named entity submits this statement for the plans of registered agent. | ourpose of chang | ing its registered | office or re | egistered agent, or bo | oth, in the State of Flo | orida. I am familiar with, and acc | |
| SIGNATURE_ | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and title | if applicable, | (NOTE, Registered Ac | ent signature | required when reinstating) | | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | | Campaign Financir d Contribution. | g | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MADRY, JOHN G III 4875 RICARA DR BOULDER, CO 80303 | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | U000003 04/22/05-8 | 22912 0032-017 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | DO | NOT W | /RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE | | | | | | | | |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other incomposed.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAN 4, 2005 303-554-983 7