

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0697355
FP

DOCUMENT # **F98000006160**



1. Entity Name
LAC PROPERTIES QRS II INC.

FILED

03 JUN 11 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2000 S. COLORADO BLVD., TOWER TWO #2-1000
DENVER CO 80222**

Mailing Address
**2000 S. COLORADO BLVD., TOWER TWO #2-1000
DENVER CO 80222**

2. Principal Place of Business
4582 S. ULSTER ST. PKWY.

3. Mailing Address
4582 S. ULSTER ST. PKWY.

Suite, Apt. #, etc.
SUITE 1100

Suite, Apt. #, etc.
SUITE 1100

City & State
DENVER

City & State
DENVER

Zip **80237** Country **US**

Zip **80237** Country **US**

4. FEI Number **95-4718910**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TAMPA FL 33634**

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 _____ DATE **06/11/03--01027--014** **300020779613** **##776.25**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC <input type="checkbox"/> Delete KOMPANIEZ, PETER 2000 S. COLORADO BLVD., TOWER TWO #2-1000 DENVER CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS <input type="checkbox"/> Delete CORTEZ, MILES 2000 S. COLORADO BLVD., TOWER TWO #2-1000 DENVER CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT <input type="checkbox"/> Delete HEATH, PATRICIA 2000 S. COLORADO BLVD., TOWER TWO #2-1000 DENVER CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete ASARCH, CHAD 2000 S. COLORADO BLVD., TOWER TWO #2-1000 DENVER CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4582 S. ULSTER ST. PKWY., SUITE 1100 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **CHAD ASARCH, ASST SECRETARY** 6/4/03 303-757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)