

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000005272

FILED
Feb 11, 2003
Secretary of State

Entity Name: AMERICAN MINORITY BUSINESS FORMS, INC.

Current Principal Place of Business:

PO BOX 337
GLENWOOD, MN 56334

New Principal Place of Business:

Current Mailing Address:

PO BOX 337
GLENWOOD, MN 56334

New Mailing Address:

FEI Number: 41-1725179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCST () Delete
Name: ZAVADIL, DIANE
Address: 106 FIRST ST. SE
City-St-Zip: GLENWOOD, MN 56334

Title: P () Delete
Name: BESEKE, SHARON
Address: 106 FIRST ST SE
City-St-Zip: GLENWOOD, MN 56334

Title: VP () Delete
Name: THOMPSON, GRANT
Address: PO BOX 337
City-St-Zip: GLENWOOD, MN 56334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BESEKE

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02/11/2003

Electronic Signature of Signing Officer or Director

_____ Date