

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90014 050 ***150.00

DOCUMENT # F99000002348

1. Entity Name

SPITZNAGEL INC.

Principal Place of Business

Mailing Address

1112 WEST AVENUE NORTH
 SIOUX FALLS SD 57104

1112 WEST AVENUE NORTH
 SIOUX FALLS SD 57104-1333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **46-0349300**

Applied For
 Not Applicable

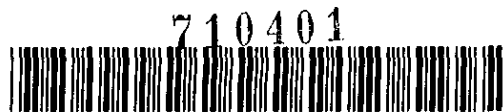
Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Vice Pres Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAF, RICHARD C	NAME	Kent E Larsen
STREET ADDRESS	1112 WEST AVENUE NORTH	STREET ADDRESS	1112 West Ave N, Sioux Falls SD 57104
CITY-ST-ZIP	SIOUX FALLS SD 57104	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, RICHARD R	NAME	
STREET ADDRESS	1112 WEST AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD 57104	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, RUSSELL	NAME	
STREET ADDRESS	1112 WEST AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD 57104	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIELKE, RONALD W	NAME	
STREET ADDRESS	1110 WEST AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD 57104	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMISON, MICHAEL J	NAME	
STREET ADDRESS	1112 WEST AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD 57104	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

605 336-1160

Daytime Phone #