

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90104 025 \*\*\*150.00

**DOCUMENT # P12811**

1. Entity Name  
**FREMONT INDUSTRIES, INC.**

Principal Place of Business      Mailing Address  
**4400 VALLEY INDUSTRIAL BLVD. N.**      **4400 VALLEY INDUSTRIAL BLVD. N.**  
**SHAKOPEE MN 55379**      **SHAKOPEE MN 55379-1859**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **41-1548943**      Applied For  
 Not Applicable

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUSS, MARK</b>	NAME	
STREET ADDRESS	<b>4400 VALLEY IND BLVD N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SHAKOPEE MN 55379</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANG, EDWARD</b>	NAME	
STREET ADDRESS	<b>4400 VALLEY IND BLVD N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SHAKOPEE MN 55379</b>	CITY-ST-ZIP	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUSS, FREMONT II</b>	NAME	
STREET ADDRESS	<b>4400 VALLEY IND. BLVD N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SHAKOPEE MN 55379</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEKMAN, PAUL JR</b>	NAME	
STREET ADDRESS	<b>4400 VALLEY IND BLVD N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SHAKOPEE MN 55379</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, GREG</b>	NAME	
STREET ADDRESS	<b>4400 VALLEY IND BLVD N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SHAKOPEE MN 55379</b>	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:** **3-1300 612-445-4121**

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