

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90073 023 ***550.00

DOCUMENT # **A-88793**

1. Entity Name

Thoemke Management, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

162 Pennsylvania Ave. W.

Suite, Apt. #, etc.

Suite C

3. Mailing Address

162 Pennsylvania Ave. W.

Suite, Apt. #, etc.

Suite C

DO NOT WRITE IN THIS SPACE

City & State

St. Paul, MN

City & State

St. Paul, MN

4. FEI Number

59-2657335

Applied For

Not Applicable

Zip

55103

Country

USA

Zip

55103

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mitchell J. Beers

Street Address (P.O. Box Number is Not Acceptable)

11380 Prosperity Garden, Suite 204

City

Palm Beach Gardens

FL

Zip Code
33140

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P/T/S/D						
	Joseph Thoemke	162 Pennsylvania Ave. W.	St. Paul, MN 55103				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-03

Date

651/224-0656

Daytime Phone #

CR2E034B (12/02)

Attachment

**Felhaber Larson
Fenlon & Vogt**

A Professional Association – Attorneys at Law

80138677
7/88993

MINNEAPOLIS
225 South Sixth Street | Suite 4200
Minneapolis, MN 55402-4302
612 339 6321 | Fax 612 338 0535

Reply to Minneapolis Office

Eva Z. Lastovich
(612) 373-8523
Fax: (612) 338-4608
E-mail: elastovich@felhaber.com

ST. PAUL
30 East 7th Street | Suite 2100
St. Paul, MN 55101-4901
651 222 6321 | Fax 651 222 8905

August 8, 2003

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

**RE: Thoenke Management, Inc.
Our File No. 16162.000**

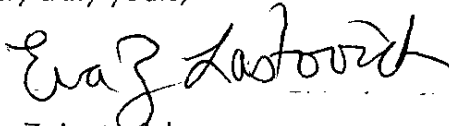
Dear Sir or Madam:

Enclosed for filing is the Uniform Business Report form for Thoenke Management, Inc.

Also enclosed is our check in the amount of \$550 for your filing fee.

Please call me if you have any questions.

Very truly yours,



Eva Z. Lastovich
Legal Assistant

jaj

Enclosures

cc: Joseph Thoenke