

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90384 011 ***150.00

DOCUMENT # F00000003128

1. Entity Name

CAP PRO INSURANCE AGENCY SERVICES, INC.

Principal Place of Business

**220 SOUTH 6TH STREET, STE 245
 MINNEAPOLIS MN 55402**

Mailing Address

**220 SOUTH 6TH STREET, STE 245
 MINNEAPOLIS MN 55402**

2. Principal Place of Business

220 SOUTH SIXTH STREET

Suite, Apt. #, etc.

SUITE 900

City & State

MINNEAPOLIS, MN

Zip

55402

Country

USA

3. Mailing Address

220 SOUTH SIXTH STREET

Suite, Apt. #, etc.

SUITE 900

City & State

MINNEAPOLIS, MN

Zip

55402

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1953232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

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

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.

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, 2002 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

TITLE **P** ☐ Delete
 NAME **WRIGHT, DOUGLAS D**
 STREET ADDRESS **1944 PENN AVE., SOUTH-UNIT 1**
 CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **D** ☒ Delete
 NAME **GEORGE, CARL R**
 STREET ADDRESS **711 HIGHVIEW RD.**
 CITY-ST-ZIP **EAST PEORIA IL**

TITLE **D** ☒ Delete
 NAME **KIES, HOWARD J**
 STREET ADDRESS **12919 FOX MEADOW DR.**
 CITY-ST-ZIP **RICHMOND VA**

TITLE **D** ☒ Delete
 NAME **O'CONNOR, NEIL J**
 STREET ADDRESS **5495 FOLEY RD.**
 CITY-ST-ZIP **CINCINNATI OH**

TITLE **D** ☒ Delete
 NAME **ORLANDO, FRANK P**
 STREET ADDRESS **93 COUNTRY CLUB RD**
 CITY-ST-ZIP **SUGAR LOAF PA**

TITLE **D** ☒ Delete
 NAME **SIMONSEN, ERIC A**
 STREET ADDRESS **4 APPLE TREE LANE**
 CITY-ST-ZIP **BARRINGTON MN**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **PRAGER, BRETT L.**
 STREET ADDRESS **17 OAK HILL ROAD**
 CITY-ST-ZIP **SHAWT HILLS, MS 38928**

TITLE **D** ☒ Change ☐ Addition
 NAME **HARVISH, MICHAEL W.**
 STREET ADDRESS **933 MAPLES LAKE**
 CITY-ST-ZIP **WOODBRIDGE, IL 60517**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED

4/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)