

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000005197**1. Entity Name
THARALDSON DEVELOPMENT CO.

Principal Place of Business

1134 WESTRAC DRIVE

FARGO
58103

ND

Mailing Address

1134 WESTRAC DRIVE

FARGO
58103

ND

2. Principal Place of Business

1202 WESTRAC DRIVE

3. Mailing Address

1202 WESTRAC DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FARGO

ND

City & State

FARGO

ND

4. FEI Number

45-0381431

Applied For

Not Applicable

Zip
58103

Country

Zip
58103

Country

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

6. Name and Address of Current Registered Agent

AIKENS GAIL
2003 SOUTH FRONTAGE ROADPLANT CITY
33566

FL

US

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 _____ DATE **05/16/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME KNUTSON MARK
STREET ADDRESS 1202 WESTRAC DRIVE
CITY-ST-ZIP FARGO NDTITLE PDT ☐ Delete
NAME THARALDSON GARY
STREET ADDRESS 1134 WESTRAC DRIVE
CITY-ST-ZIP FARGO NDTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PDT ☒ Change ☐ Addition
NAME THARALDSON GARY
STREET ADDRESS 1202 WESTRAC DRIVE
CITY-ST-ZIP FARGO NDTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Gary Tharaldson

pres

05/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)