

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90486 006 ***150.00

DOCUMENT # F01000004063

1. Entity Name
CANADIAN FINANCIAL CORPORATION AND SUBS



Principal Place of Business
900 SECOND AVENUE SOUTH
STE 880
MINNEAPOLIS MN 55402

Mailing Address
900 SECOND AVENUE SOUTH
STE 880
MINNEAPOLIS MN 55402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-1298930

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

CARLSON SR, GARRETT
1330 GALLON DRIVE
NAPLES FL 34102

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLSON SR, GARRETT	
STREET ADDRESS	1330 GALLEON DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHELL, LYNN C	
STREET ADDRESS	900 2ND AVENUE SOUTH, STE 880	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARLSON JR, GARRETT	
STREET ADDRESS	900 2ND AVENUE SOUTH, STE 880	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LOUNT, GRAHAM	
STREET ADDRESS	2600 7 EVERGREEN PLACE	
CITY-ST-ZIP	WINNIPEG MANITOBA CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:

Lyann Carlson Schell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

612-341-7800

Daytime Phone #

CR2E034 (10/02)