

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000003361**

1. Entity Name

NORWEST HOME IMPROVEMENT, INC.**FILED**
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90055 016 ***150.00

Principal Place of Business

Mailing Address

500 RIVERHILLS BUSINESS PARK
590
BIRMINGHAM AL 35242
US500 RIVERHILLS BUSINESS PARK
590
BIRMINGHAM AL 35242-5039
US

00007385



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **76-0256232**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANKEW, LINDA JO	
STREET ADDRESS	6TH & MARQUETTE	
CITY-ST-ZIP	MINNEAPOLIS MN 55479	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OJEDA, JORGE M	
STREET ADDRESS	500 RIVERHILLS BUSINESS PK STE 590	
CITY-ST-ZIP	BRIMMINGHAM AL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	AUSTIN, LEONARD	
STREET ADDRESS	500 RIVERHILLS BUSINESS PK STE 590	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SV	<input type="checkbox"/> Delete
NAME	ROBERSON, LYNNE J	
STREET ADDRESS	500 RIVERHILLS BUSINESS PK STE 590	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SIMPSON, KIRK	
STREET ADDRESS	6TH AND MARQUETTE	
CITY-ST-ZIP	MINNEAPOLIS MN	
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
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2000

205-991-9550

Daytime Phone #

CR2E034 (9/99)