

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005848

1. Entity Name

INDECO ENGINEERING & CONSTRUCTION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90327 020 ***150.00

Principal Place of Business

P.O. BOX 1148
630 RIVER DR.
BETTENDORF IA 52722

Mailing Address

P.O. BOX 1148
630 RIVER DR.
BETTENDORF IA 52722

2. Principal Place of Business

630 River Drive

Suite, Apt. #, etc.

Delete P.O.

3. Mailing Address

630 River Drive

Suite, Apt. #, etc.

Delete P.O. Box

City & State

Bettendorf, Iowa

Zip

52722

Country

City & State

Bettendorf, Iowa

Zip

52722

Country

4. FEI Number 41-1420378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PHILIP R	
STREET ADDRESS	23577 MN HWY 22	
CITY-ST-ZIP	LITCHFIELD MN 55355	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, PAUL H	
STREET ADDRESS	707 - 48 STREET	
CITY-ST-ZIP	MOLINE IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDONALD, WILLIAM	
STREET ADDRESS	3200 - 39 STREET	
CITY-ST-ZIP	MOLINE IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	AAMOT, KATHY A	
STREET ADDRESS	308 COUNTRY CLUB DR NE	
CITY-ST-ZIP	WILLMAR MN	
TITLE	T	<input type="checkbox"/> Delete
NAME	AAMOT, KATHY A	
STREET ADDRESS	308 COUNTRY CLUB DR NE	
CITY-ST-ZIP	WILLMAR MN 56201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swanson, Michael C.	
STREET ADDRESS	66506 CSAH 11	
CITY-ST-ZIP	Litchfield, MN 55355	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rueckert, Benita R.	
STREET ADDRESS	59809 CSAH 11	
CITY-ST-ZIP	Litchfield, MN 55355	
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)(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: Benita R. Rueckert Benita R. Rueckert, Treasurer 4/17/01 (320)693-4172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)