## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## DOCUMENT # F9400001136 Sep 06, 2000 8:00 am Secretary of State 1. Entity Name BORDER STATES INDUSTRIES, INC. 09-06-2000 90097 015 \*\*\*550.00 Principal Place of Business Mailing Address 105-25TH STREET NORTH P.O. BOX 2767 **FARGO ND 58102** FARGO ND 58108-2767 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 45-0275004 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CEO ☐ Addition TITLE ★ Change Delete MADSON, PAUL C NAME NAME STREET ADDRESS 2441 E. COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FARGO ND V3 ☐ Addition ☐ Delete Change Change TITLE TITLE HOFFELT, GREG NAME NAME STREET ADDRESS 1708 9TH ST., SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **FARGO ND 58103** ☐ Addition TITLE ☐ Delete TITLE MILLER, TAMMY J NAME NAME STREET ADDRESS 2201 VICTORIA ROSE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FARGO ND ☐ Addition ☐ Delete TITLE Change Change TITLE THRALL, BRAD NAME NAME STREET ADDRESS STREET ADDRESS 4119 TIMBERLINE DR CITY-ST-ZIP CITY-ST-ZIP FARGO ND 58104-6629 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



## Payment advice

00083686

Check Number:

156561

23102

Check Date: 08/29/2000

Vendor Number:

Page:

BORDER STATES ELECTRIC

105 25TH STREET NORTH

1 of 1

FLORIDA DEPT OF STATE ANNUAL REPORTS FILINGS DIVISION OF CORPORATIONS

PO BOX 2767

PO Box 1500

FARGO, ND 58108

TALLAHASSEE FL 32302-1500

Telephone: (701) 239-2348

Fax: (701) 234-0328

Date	Invoice #	PO #	Invoice Amt.	Discount Amt.	Net Amt.
08/29/2000	F94000001136 FILING FEE EIN ‡	‡ <b>4</b> 5-027500 <b>4</b>	550.00	0.00	550.00
Sum_total			550.00	0.00	550.00