

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002473

1. Entity Name

PRO PRINTING GROUP, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90061 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1725 ROE CREST DR.  
P.O. BOX 3728  
NORTH MANKATO MN 56002-3728

1725 ROE CREST DR.  
P.O. BOX 3728  
NORTH MANKATO MN 56002-3728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1961424

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 State**

10. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
TAYLOR, GLEN  
1725 ROE CREST DR.  
NORTH MANKATO MN 56003

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVST  
FALLENSTEIN, ALBERT  
1725 ROE CREST DR.  
NORTH MANKATO MN 56003

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVAS  
SCHREIER, BRADLEY  
1725 ROE CREST DR.  
NORTH MANKATO MN 56003

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SCHMITT, JOHN  
1725 ROE CREST DR.  
NORTH MANKATO MN 56003

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VAS  
KOZITZA, WILLIAM  
1725 ROE CREST DR.  
NORTH MANKATO MN 56003

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

*Albert Fallenstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Fallenstein

2/17/00

Date

507-625-2828

Daytime Phone #

CR2E034 (9/99)