

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000004102**

1. Entity Name

MINSERVCO, INC.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90023 014 ***150.00

Principal Place of Business

**200 FIRST STREET SW
ROCHESTER MN 55905**

Mailing Address

**ATTN: JONATHAN OVIATT
200 FIRST STREET SW
ROCHESTER MN 55905**

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 **41-1346366**

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

**MARTIN, JOANNE
4500 SAN PABLO ROAD
JACKSONVILLE FL 32224**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	☐ Delete
NAME	OVIATT, JONATHAN	
STREET ADDRESS	200 FIRST STREET SW	
CITY-ST-ZIP	ROCHESTER MN	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DAT	☐ Delete
NAME	HOFFMAN, HARRY	
STREET ADDRESS	200 FIRST STREET SW	
CITY-ST-ZIP	ROCHESTER MN	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C-	☐ Delete
NAME	HATTERY, ROBERT R	
STREET ADDRESS	200 FIRST ST SW	
CITY-ST-ZIP	ROCHESTER MN 55905	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan J. Oviatt, Secretary 1/5/01 507-284-8707

Date

Daytime Phone #

CR2E034 (10/00)