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

changed, or on an attach

SIGNATURE:

## **FILED** Jan 29, 2001 8:00 am Secretary of State DÖCÜMENT # F9500004102 MINSERVCO, INC. 01-29-2001 90023 014 \*\*\*150.00 Principal Place of Business Mailing Address 200 FIRST STREET SW ATTN: ¥8UNBATION ACCOS Jonathan Oviatt, ROCHESTER MN 55905 200 FIRST STREET SW ROCHESTER MN 55905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 41-1346366 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, JOANNE Street Address (P.O. Box Number is Not Acceptable) 4500 SAN PABLO ROAD JACKSONVILLE FL 32224 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change 1 ☐ Addition OVIATT, JONATHAN NAME 200 FIRST STREET SW STREET ADDRESS STREET ADDRESS CITY-ST-7IP ROCHESTER MN CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HOFFMAN, HARRY NAME STREET ADDRESS 200 FIRST STREET SW STREET ADDRESS CITY-ST-ZIP **ROCHESTER MN** CITY-ST-ZIP ☐ Delete. TITLE ☐ Change ☐ Addition HATTERY, ROBERT R NAME NAME STREET ADDRESS 200 FIRST ST SW STREET ADDRESS CITY-ST-ZIP **ROCHESTER MN 55905** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trugger empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

er like empowered

OF SIGNING OFFICER OR DIRECTOR

Jonathan J. Oviatt, Secretary

1/5/01

507-284-8707

Daytime Phone #