

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004747

1. Entity Name

NORTHSTAR ERECTORS, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90036 017 ***150.00

Principal Place of Business

Mailing Address

PO BOX 1002
LITCHFIELD MN 55355

PO BOX 1002
LITCHFIELD MN 55355-1002

2. Principal Place of Business

23577 MN Hwy 22

Suite, Apt. #, etc.

3. Mailing Address

23577 MN Hwy 22

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1407714

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

JOHNSON BROS. CORPORATION
3300 S.R. 555
BARTOW FL 33830

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 ☐ Delete
NAME D
JOHNSON, WALTER D
STREET ADDRESS 56844 U'S HWY 12
CITY-ST-ZIP GROVE CITY MN 56243

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

TITLE ☐ Delete
NAME D
EILERTSON, BRADLEY A
STREET ADDRESS 703 N. CRESCENT LANE
CITY-ST-ZIP LITCHFIELD MN 55355

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

TITLE ☐ Delete
NAME P
MICHELS, JOSEPH H
STREET ADDRESS 1240 S. SIBLEY
CITY-ST-ZIP LITCHFIELD MN 55355

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

TITLE ☒ Delete
NAME T
AAMOT, KATHY A
STREET ADDRESS 308 COUNTRY CLUB DR. NE
CITY-ST-ZIP WILLMAR MN 56201

TITLE ☐ Change ☒ Addition
NAME S
Michael C. Swanson
STREET ADDRESS 66506 CSAH 11
CITY-ST-ZIP Darwin, MN 55324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME T
Benita R. Rueckert
STREET ADDRESS 59809 CSAH 11
CITY-ST-ZIP Litchfield, MN 55355

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S
Phyllis J. Ward
STREET ADDRESS 6091 Raven Ridge Ct.
CITY-ST-ZIP Rockford, MN 55373

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael C. Swanson

1/24/00

(320) 693-4208

Date

Daytime Phone #

CR2E034 (9/99)