

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000000168**

1. Entity Name

PROTECTIVE GROUP SECURITIES CORPORATION**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90065 007 ***150.00

Principal Place of Business

Mailing Address

**301 4TH AVE S., #390
MINNEAPOLIS MN 55415-5146****301 4TH AVE S., #390
MINNEAPOLIS MN 55415-1033****800044**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1631059**

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

**MOLINARI, STEPHEN
STE 9-3B-2201 WEST SAMPLE RD.
POMPANO BEACH FL 33073**

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
**PDC
FLANNIGAN, MICHAEL
20560 SUMMERVILLE RD.
EXCELSIOR MN 55331.** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WRIGHT, PHILIP
9484 PAINTERS RIDGE
EDEN PRAIRIE MN 55347** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
COCHRANE, RICHARD
3922 W. 49TH ST.
EDINA MN 55424** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FITERMAN, MARTIN
2525 CEDAR HILLS DR.
MINNETONKA MN 55305** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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

Date

Daytime Phone #

1/05/2000 612-305-0007