

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90483 030 ***158.75

DOCUMENT # F98000001304

1. Entity Name
CBR INCORPORATED OF MINNESOTA



Principal Place of Business
**ORLANDO INTNL AIRPORT
9337 AIRPORT BLVD
ORLANDO FL 32827
US**

Mailing Address
**2040 ST. CLAIR AVE.
ST. PAUL MN 55105**

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 **41-1241131**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

10030071



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RIBBECK, DOUGLAS**
STREET ADDRESS **2255 SARGENT AVE.**
CITY-ST-ZIP **ST. PAUL MN 55105**

TITLE **D** ☐ Delete
NAME **PALAS, SHARON**
STREET ADDRESS **21965 IDEN AVE. N.**
CITY-ST-ZIP **FOREST LAKE MN 55025**

TITLE **P** ☐ Delete
NAME **HOWE, CAROLE**
STREET ADDRESS **2255 SARGENT AVE.**
CITY-ST-ZIP **ST. PAUL MN 55105**

TITLE **COO** ☐ Delete
NAME **STELTEN, JAMES**
STREET ADDRESS **14975 MAPLEWOOD LANE**
CITY-ST-ZIP **COLOGNE MN 55322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

(651) 204-4220

Date

Daytime Phone #

CR2E034 (10/02)