

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90856 017 ***150.00

DOCUMENT # F98000004129

1. Entity Name

QA1 PRECISION PRODUCTS, INC.

Principal Place of Business

**21730 HANOVER AVE.
 LAKEVILLE MN 55044**

Mailing Address

**21730 HANOVER AVE.
 LAKEVILLE MN 55044-9108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1764634

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

**LEES, HARCOURT A
 7377 SOUTHWEST 48TH AVE.
 PALM CITY FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)

7986 S.W. JACK JAMES DRIVE

City **STUART**

FL

Zip Code **34997**

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 **C** ☐ Delete
 NAME **JORDAN, JAMES H**
 STREET ADDRESS **13819 GROTHE CIRCLE**
 CITY-ST-ZIP **APPLE VALLEY MN 55124**

TITLE **C/P/T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Delete
 NAME **KING, CHRISTINA L**
 STREET ADDRESS **18201 JAGUAR PATH**
 CITY-ST-ZIP **LAKEVILLE MN 55044**

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

TITLE **D** ☐ Delete
 NAME **SOWIEJA, STEVEN E**
 STREET ADDRESS **3100 225TH STREET SOUTHWEST**
 CITY-ST-ZIP **FARMINGTON MN 55024**

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

TITLE **DS** ☐ Delete
 NAME **SEVERSON, LARRY S**
 STREET ADDRESS **14700 DORY COURT**
 CITY-ST-ZIP **APPLE VALLEY MN 55124**

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

TITLE **PT** ☒ Delete
 NAME **JORDAN, JAMES H**
 STREET ADDRESS **13819 GROTHE CIRCLE**
 CITY-ST-ZIP **APPLE VALLEY MN 55124**

TITLE **V** ☐ Change ☒ Addition
 NAME **KING, CHRISTOPHER J.**
 STREET ADDRESS **18201 JAGUAR PATH**
 CITY-ST-ZIP **LAKEVILLE, MN 55044**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
 NAME **GRINDE, JAMES E.**
 STREET ADDRESS **17619 FIREBIRD PATH**
 CITY-ST-ZIP **FARMINGTON, MN 55024**

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 #

CR2E034 (9/99)