

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004129

1. Entity Name

QA1 PRECISION PRODUCTS, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90304 016 ***150.00

Principal Place of Business

21730 HANOVER AVE.
LAKEVILLE MN 55044

Mailing Address

21730 HANOVER AVE.
LAKEVILLE MN 55044

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 41-1764634

Applied For

Not Applicable

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
7986 SW JACK JAMES DRIVE
STUART FL 34997

Name JORDAN, JAMES H.

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

4-26-01

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, 2001 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 CPT
NAME JORDAN, JAMES H
STREET ADDRESS 13819 GROTHE CIRCLE
CITY-ST-ZIP APPLE VALLEY MN 55124 ☐ Delete

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

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

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

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

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

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

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

TITLE V
NAME KING, CHRISTOPHER J
STREET ADDRESS 18201 JAGUAR PATH
CITY-ST-ZIP LAKEVILLE MN 55044 ☐ Delete

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

TITLE V
NAME GRINDE, JAMES E
STREET ADDRESS 17619 FIREBIRD PATH
CITY-ST-ZIP FARMINGTON MN 55024 ☒ Delete

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

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 #

4/26/01

(952)985-5675

CR2E034 (10/00)