Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800005080 Feb 29, 2000 8:00 am Secretary of State 1. Entity Name CAMPIELLO, INC. 02-29-2000 90156 002 ***150.00 Principal Place of Business Mailing Address 1177 SOUTH THIRD STREET 1177 SOUTH THIRD STREET NAPLES FL 34102-7056 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. -, DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 41-1804705 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DALY, MICHAEL R Street Ad 1177 SOUTH THIRD STREET NAPLES FL 34102 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE TITLE ☐ Delete D'AMICO, RICHARD NAME NAME 2035 KENWOOD PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN 55405 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE D'AMICO, LARRY NAME STREET ADDRESS 6484 WESTCHESTER CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GOLDEN VALLEY MN 55427** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HORN, RICHARD K NAME NAME STREET ADDRESS 817 WESTWOOD DRIVE S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN Change ☐ Addition CFO Delete TITLE TITLE SMITH, PAUL NAME NAME **401 SOUTH FIRST STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55408 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP , Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Ithereby, certify that the information supplied with this filling 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 poor 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 of vusible 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 w all other like empowered