

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-03-2003 90948 001 ***150.00

DOCUMENT # F99000003740

1. Entity Name
SPALJ CONSTRUCTION COMPANY



Principal Place of Business
COUNTY ROAD 12
DEERWOOD MN 56444

Mailing Address
PO BOX 428
DEERWOOD MN 56444



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 76-0567489

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

CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL ST.
TALLAHASSEE FL 32303

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City: Tallahassee FL Zip Code: 32301

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.

Jeanine Reynolds
as its agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-03

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	P	<input type="checkbox"/> Delete
NAME	SPALJ, J. R	
STREET ADDRESS	COUNTY ROAD 12	
CITY-ST-ZIP	DEERWOOD MN 56444	
TITLE	COO	<input type="checkbox"/> Delete
NAME	SPALJ, LUKE	
STREET ADDRESS	COUNTY ROAD 12	
CITY-ST-ZIP	DEERWOOD MN 56444	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, MARK	
STREET ADDRESS	COUNTY ROAD 12	
CITY-ST-ZIP	DEERWOOD MN 56444	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HADDOX, JAMES H	
STREET ADDRESS	1380 POST OAK BLVD SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056-3023	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	JENSEN, DERRICK A	
STREET ADDRESS	1380 POST OAK BLVD SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056-3023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with an other like empowered.

SIGNATURE: SIGNATURE REQUIRED SPALJ President 2/14/03 218-546-6022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)