

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90064 004 ***150.00

DOCUMENT # F99000004190

1. Entity Name
FIRST MARKETING COMPANY



Principal Place of Business
1725 ROE CREST DRIVE
NORTH MANKATO MN 56003

Mailing Address
1725 ROE CREST DRIVE
NORTH MANKATO MN 56003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 41-1946535

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

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHREIER, BRADLEY J	
STREET ADDRESS	1725 ROE CREST DRIVE	
CITY - ST - ZIP	NORTH MANKATO MN 56003	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	FALLENSTEIN, ALBERT	
STREET ADDRESS	1725 ROE CREST DRIVE	
CITY - ST - ZIP	NORTH MANKATO MN 56003	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	KOZITZA, WILLIAM	
STREET ADDRESS	1725 ROE CREST DRIVE	
CITY - ST - ZIP	NORTH MANKATO MN 56003	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LORENZEN, LARRY D	
STREET ADDRESS	1725 ROE CREST DRIVE	
CITY - ST - ZIP	NORTH MANKATO MN 56003	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, EDWARD	
STREET ADDRESS	1725 ROE CREST DRIVE	
CITY - ST - ZIP	NORTH MANKATO MN 56003	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TAYLOR, GLEN	
STREET ADDRESS	1725 ROE CREST DRIVE	
CITY - ST - ZIP	NORTH MANKATO MN 56003	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Drenning	
STREET ADDRESS	1725 Roe Crest Drive	
CITY - ST - ZIP	North Mankato, MN 56003	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Taylor	
STREET ADDRESS	1725 Roe Crest Drive	
CITY - ST - ZIP	North Mankato, MN 56003	
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 all other like empowered.

SIGNATURE:

Albert Fallenstein

Albert Fallenstein 2/22/03 507-625-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)