

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001688

1. Entity Name
24K.COM, LC

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90131 044 ****50.00

Principal Place of Business
1405 XENIUM LANE
ATTN: R.E. SHINOFIELD
PLYMOUTH MN 55441-8249

Mailing Address
1405 XENIUM LANE
ATTN: R.E. SHINOFIELD
PLYMOUTH MN 55441-8249

2. Principal Place of Business

3. Mailing Address
Attn: Tax Department

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 59159

City & State

City & State
Minneapolis, MN

4. FEI Number
58-2552491

Applied For
Not Applicable

Zip

Country

Zip
55459-8250

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
NELSON, CURTIS C
1405 XENIUM LANE
PLYMOUTH MN 55441 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AREP
SHINOFIELD, RICHARD E
1405 XENIUM LANE
PLYMOUTH MN 55441 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Richard E. Shinofield, Authorized Rep. 4- -02 763-212-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)