

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001699

1. Entity Name

SPARAK FINANCIAL SYSTEMS, LLC

Principal Place of Business

2701-12 AVENUE SW
FARGO ND 58103

Mailing Address

2701-12 AVENUE SW
FARGO ND 58103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
Manager

STREET ADDRESS CITY-ST-ZIP
Steven P. Anderson
2204 Centennial Rose Dr,
Fargo, ND 58104 ☐ Delete

TITLE NAME ☐ Delete
Manager

STREET ADDRESS CITY-ST-ZIP
Gerald F. Keller
11350 5th St. So.
Fargo, ND 58047 ☐ Delete

TITLE NAME ☐ Delete
Manager

STREET ADDRESS CITY-ST-ZIP
Steven Peterson
111 E. Kilbourn Avenue
Milwaukee, WI 53202 ☐ Delete

TITLE NAME ☐ Delete
Manager

STREET ADDRESS CITY-ST-ZIP
Steven Peterson
111 E. Kilbourn Avenue
Milwaukee, WI 53202 ☐ Delete

TITLE NAME ☐ Delete
Manager

STREET ADDRESS CITY-ST-ZIP
Steven Peterson
111 E. Kilbourn Avenue
Milwaukee, WI 53202 ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

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:

Gerald Keller
Gerald Keller

3/12/01

701/293-7198

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

Date

Daytime Phone #

FILED

01 MAR 19 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1922157

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

0682600
SP

CR2E083 (11/00)