

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90098 005 \*\*\*\*\*50.00

**DOCUMENT # M01000002089**

1. Entity Name

**MES INSURANCE AGENCY, LLC**



Principal Place of Business

**10900 WAYZATA BOULEVARD  
MINNETONKA MN 55305**

Mailing Address

**10900 WAYZATA BOULEVARD  
MINNETONKA MN 55305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-2001344**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**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. 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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZEBECK, RONALD N</b>	
STREET ADDRESS	<b>10900 WAYZATA BOULEVARD</b>	
CITY-ST-ZIP	<b>MINNETONKA MN 55305</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>WESSELINK, DAVID D</b>	
STREET ADDRESS	<b>10900 WAYZATA BOULEVARD</b>	
CITY-ST-ZIP	<b>MINNETONKA MN 55304</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, WILLIAM R</b>	
STREET ADDRESS	<b>10900 WAYZATA BOULEVARD</b>	
CITY-ST-ZIP	<b>MINNETONKA MN 55304</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>ARMBRUSTER, JOHN D</b>	
STREET ADDRESS	<b>10900 WAYZATA BOULEVARD</b>	
CITY-ST-ZIP	<b>MINNETONKA MN 55304</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>WAGENER, MARK P</b>	
STREET ADDRESS	<b>10900 WAYZATA BOULEVARD</b>	
CITY-ST-ZIP	<b>MINNETONKA MN 55304</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, RICHARD G</b>	
STREET ADDRESS	<b>10900 WAYZATA BOULEVARD</b>	
CITY-ST-ZIP	<b>MINNETONKA MN 55304</b>	

**10. ADDITIONS/CHANGES**

TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John A. Witham</b>	
STREET ADDRESS	<b>10900 Wayzata Boulevard</b>	
CITY-ST-ZIP	<b>Minnetonka, MN 55305</b>	
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		

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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**Jan 17, 03 (952) 358-4339**

CR2E083 (10/02)