2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am Secretary of State P01000043710 DOCUMENT # TOLLEFSON DEVELOPMENT OF FLORIDA, INC. 05-16-2002 90069 033 ***150.00 Principal Place of Business Mailing Address 710 EAST, GRAND HWY 710 EAST GRAND HWY CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 17271 Kenyon Avenue Suite # 103 Applied For City & State Lakeville, MN 55044 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent =6.-Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ. Street Address (P.O. Box Number is Not Acceptable) STE C 1105 CAPE CORAL PKWY EAST CAPE CORAL FL 33904 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE TOLLEFSON, CARL N_NE NAME 17271 Kenyon Avenue Suite # 103 STE 107 900 WEST 128TH STREET STREET ADDRESS STREET ADDRESS Lakeville, MN 55044 **BURNSVILLE MN 55337** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition TOLLEFSON, COREY NAME NAME STE 107 900 WEST 128TH STREET 17271 Kenyon Avenue Suite # 103 STREET ADDRESS STREET ADDRESS **BURNSVILLE MN 55337** Lakeville, MN 55044 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition= ☐ Delete TITLE SKURKAY, BONNIE NAME NAME 17271 Kenyon Avenue Suite # 103 STE 107 900 WEST 128TH STREET STREET ADDRESS STREET ADDRESS Lakeville, MN 55044 **BURNSVILLE MN 55337** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

2/12/02 952-435-1010 Date Daytime Phone #

FILED