

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90069 032 ***150.00

044287

DOCUMENT # P12699

1. Entity Name

LORICK ENTERPRISES, INC.

Principal Place of Business

CHARLOTTE, NC
315 E 5TH ST
CHARLOTTE NC 28202

Mailing Address

P O BOX 32668
CHARLOTTE NC 28232
US

975619

2. Principal Place of Business

7201 Metro Boulevard

3. Mailing Address

7201 Metro Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Minneapolis, MN

City & State

Minneapolis, MN

Zip

55439

Country

USA

Zip

55439

Country

USA

4. FEI Number

56-0902457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

City **Tallahassee**

FL Zip Code **32301**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **LORICK, F.W. JR.**
STREET ADDRESS **315 E 5TH ST**
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **VD** ☒ Delete
NAME **LORICK, F.W., III**
STREET ADDRESS **315 E 5TH ST**
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **STD** ☒ Delete
NAME **NYE, PHIL L.**
STREET ADDRESS **315 E 5TH ST**
CITY-ST-ZIP **CHARLOTTE NC**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **Paul Frankelstein**
STREET ADDRESS **7201 Metro Boulevard**
CITY-ST-ZIP **Minneapolis, MN 55439**

TITLE **VSD** ☐ Change ☒ Addition
NAME **Bert Gross**
STREET ADDRESS **7201 Metro Boulevard**
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Shrinivas Kolatkar**
STREET ADDRESS **7201 Metro Boulevard**
CITY-ST-ZIP **Minneapolis, MN 55439**

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

952-947-7777

Daytime Phone #

CR2E034 (10/00)