

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90139 047 ***150.00

DOCUMENT # P13295

1. Entity Name
WILLMAR ELECTRIC SERVICE, INC.

Principal Place of Business Mailing Address
106 W. LITCHFIELD AVENUE P.O. BOX 934
WILLMAR MN 56201 WILLMAR MN 56201

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 **41-0668076** 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
 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

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	<input type="checkbox"/> Delete
NAME	CHAPIN, JOHN E.	
STREET ADDRESS	106 W LITCHFIELD AVE	
CITY-ST-ZIP	WILLMAR MN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAPIN, FRANK E.	
STREET ADDRESS	106 W LITCHFIELD AVE	
CITY-ST-ZIP	WILLMARK MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPIN, CONSTANCE E.	
STREET ADDRESS	106 W LITCHFIELD AVE	
CITY-ST-ZIP	WILLMAR MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAPIN, S. ELMO	
STREET ADDRESS	106 W LITCHFIELD AVE	
CITY-ST-ZIP	WILLMAR MN	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAPIN, DAVID J	
STREET ADDRESS	106 W LITCHFIELD AVE	
CITY-ST-ZIP	WILLMAR MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUSCH, NANCY	
STREET ADDRESS	106 W LITCHFIELD AVE	
CITY-ST-ZIP	WILLMAR MN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIN, FRANK E.	
STREET ADDRESS	106 W LITCHFIELD AVE	
CITY-ST-ZIP	WILLMAR MN 56201	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSTIN CHAPIN	
STREET ADDRESS	106 W LITCHFIELD AVE	
CITY-ST-ZIP	WILLMAR MN 56201	
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		

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: *Justin Chapin* Justin Chapin, Secretary 4-30-01 320-235-4386
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)