

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13295

1. Entity Name  
WILLMAR ELECTRIC SERVICE, INC.

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90002 047 \*\*\*550.00

Principal Place of Business

106 W. LITCHFIELD AVENUE  
WILLMAR MN 56201

Mailing Address

P.O. BOX 934  
WILLMAR MN 56201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 SW Becker Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Willmar MN

City & State

4. FEI Number 41-0668076

Applied For  
Not Applicable

Zip  
56201

Country  
Kandiyohi

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CHAPIN, JOHN E.  
STREET ADDRESS 106 W LITCHFIELD AVE  
CITY-ST-ZIP WILLMAR MN ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 320 SW Becker Avenue  
CITY-ST-ZIP

TITLE D  
NAME CHAPIN, FRANK E.  
STREET ADDRESS 106 W LITCHFIELD AVE  
CITY-ST-ZIP WILLMAR MN 56201 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME VD  
STREET ADDRESS 320 SW Becker Avenue  
CITY-ST-ZIP

TITLE D  
NAME CHAPIN, CONSTANCE E.  
STREET ADDRESS 106 W LITCHFIELD AVE  
CITY-ST-ZIP WILLMAR MN ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 320 SW Becker Avenue  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME CHAPIN, S. ELMO  
STREET ADDRESS 106 W LITCHFIELD AVE  
CITY-ST-ZIP WILLMAR MN

TITLE ☒ Change ☐ Addition  
NAME SD  
STREET ADDRESS Justin Chapin  
320 SW Becker Avenue  
CITY-ST-ZIP Willmar MN

TITLE TD ☐ Delete  
NAME CHAPIN, DAVID J  
STREET ADDRESS 106 W LITCHFIELD AVE  
CITY-ST-ZIP WILLMAR MN

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 320 SW Becker Avenue  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LAUSCH, NANCY  
STREET ADDRESS 106 W LITCHFIELD AVE  
CITY-ST-ZIP WILLMAR MN

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 320 SW Becker Avenue  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-27-02

(320) 235-4386  
Daytime Phone #

CR2E034 (4/02)