## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P94000075162** 1. Entity Name CONTINENTAL PROPERTY GROUP OF MINNESOTA, INC. 05-08-2000 90087 004 \*\*\*150.00 Mailing Address Property Group, In . 20 Continental Property Group, In . 253 E LAKE STREET Principal Place of Business 2 ADALIA AVE S WAYZATA MN 55391-1608 #706 AUUJOJIA US TAMPA FL 33606 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3280326 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOYT, BRADLEY Address (P.O. Box Number is Not Acceptable) 2 ADALIA AVE SUITE 706 TAMPA FL 33606 Zip Code City 33607 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. DATE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) FILE NOWY! FEE IS \$150.00 9. This corporation is eligible to satisfy its, 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSDT** TITLE TITLE ☐ Delete HOYT, BRADLEY NAME W- 49HSFrut NAME STREET ADDRESS 2923-KELLY-AVE STREET ADDRESS O<del>RONO MN 558</del>91 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

1/4/00 1-80

1-800-551-4698

Daytime Phone #