

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066087

1. Entity Name
TED GLASRUDE ASSOCIATES OF STUART, FL, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90141 032 ***150.00

Principal Place of Business
759 SOUTH FEDERAL HWY. STE. 217
ROYAL PALM FINANCIAL CENTER, BLDG. III
STUART FL 34994

Mailing Address
759 SOUTH FEDERAL HWY. STE. 217
ROYAL PALM FINANCIAL CENTER, BLDG. III
STUART FL 34994-2972



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	65-0806377	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GLASRUDE, THEODORE 013 S.E. FAIRWAY EAST STUART FL 34994		Name: same Street Address (P.O. Box Number is Not Acceptable) 4013 SE Fairway East City: same FL Zip Code: 34997	

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: (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GLASRUDE, THEODORE 4013 SE FAIRWAY E STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition zip is 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASRUDE, THEODORE G. 431 S. 7TH ST #2470 MINNEAPOLIS MN 55415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 3354 SE Fairway East Stuart FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUEHN, PAUL 1801 RICE CREEK RD NEW BRIGHTON MN 55112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POHL, GERRY 431 S 7TH ST #2470 MINNEAPOLIS MN 55415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Date: 3-20-00 561 781 077
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)