

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90248 044 ***150.00

0438921

DOCUMENT # P97000066087

1. Entity Name

TED GLASRUDD ASSOCIATES OF STUART, FL, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0806377

Applied For

Not Applicable

Zip

Country

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

GLASRUDD, THEODORE
4013 SE FAIRWAY EAST
STUART FL 34997

Name

see attached statement

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

of change

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GLASRUDD, THEODORE 4013 SE FAIRWAY E STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASRUDD, THEODORE G. 3354 SE FAIRWAY EAST STUART FL 34997	<input type="checkbox"/> Delete
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	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"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

612 (341-2651)

Daytime Phone #

Theodore G. Glasrud - President

CR2E034 (10/00)

attachment
D# P97000066087
B0034606

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida:

1. The name of the corporation: Ted Glasrud Associates of Stuart, FL, Inc.

2. The mailing address of the corporation: 759 S. Federal Highway, Suite 217, Stuart, FL 34994

3. Date of incorporation/qualification: 07/29/1997 Document number: P970000066087

4. The name and address of the current registered agent and office:

Theodore Glasrud

4013 S.E. Fairway East

Stuart, FL 34997

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P.O. Box Not Acceptable)

Theodore G. Glasrud

759 S. Federal Highway, Suite 217

Stuart, FL 34994

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

1-1-01
(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

FILED
01 JAN 16 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P 97000066087 B0034606

Requester's Name

Ted Glanville Assoc Inc

Address

431 South 4th St, Suite 200

City/State/Zip

Phone #

759 S Fed Hwy, Suite 200

Ramp Palm, near Ctr., Bldg III

Suwanee, FL 34994

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)2. _____
(Corporation Name) (Document #)

700003538207--9

-01/16/01--01083--001

***140.00 ***35.00

3. _____
(Corporation Name) (Document #)4. _____
(Corporation Name) (Document #)☐ Walk in☐ Pick up time _____☐ Certified Copy☐ Mail out☐ Will wait☐ Photocopy☐ Certificate of Status**NEW FILINGS**

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 16 AM 11:42

FILED

Examiner's Initials

01-19-01