APPROVED AND FILED

05-13-2002 90192 027 ***150.00
P97000066087

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02 MAY 13 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000174

DOCUMENT # P97000066087

1. Entity Name

TED GLASRUD ASSOCIATES OF STUART, FL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
759 S. FEDERAL HWY	759 S. FEDERAL HWY
Suite, Apt. #, etc.: SUITE 217	Suite, Apt. #, etc.: SUITE 217
City & State: STUART, FL	City & State: STUART, FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0806377 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THEODORE G. GLASRUD

Street Address (P.O. Box Number is Not Acceptable): 759 S. FEDERAL HIGHWAY SUITE 217

City: STUART FL Zip Code: 34994

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	GLASRUD, THEODORE (CD) 4013 SE FAIRWAY E STUART, FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GLASRUD, THEODORE G. (P) 3354 SE FAIRWAY EAST STUART, FL 34997
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KUEHN, PAUL (VP) 5928 POND VIEW DRIVE SHOREVIEW, MN 55126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POHL, GERRY (ST) 431 S. 7TH STREET, #2470 MINNEAPOLIS, MN 55415
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE _____ 4/16/02 (612)341-2651

THEODORE G. GLASRUD - PRESIDENT

Name and Title of Authorized Officer or Director

Date

Daytime Phone #