


**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90952 014 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P9800000473**

1. Entity Name  
**BLUE SPRINGS INVESTMENTS, INC.**



Principal Place of Business  
 124 TREEMONTE DR.  
 ORANGE CITY, FL 32763

Mailing Address  
 124 TRECMEADE DR  
 ORANGE CITY, FL 32763

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**431 S. 7th St. #2470**  
 Suite, Apt. #, etc.

City & State  
 City & State  
**Minneapolis, MN**

Zip Country  
 Zip Country  
**55415 USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MANNING, STACEY J**  
**124 TREEMONTE DR.**  
**ORANGE CITY, FL 32763**


4. FEI Number  
**59-3487723**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
**Theodore G. Glasrud**  
 Street Address (P.O. Box Number is Not Acceptable)  
**124 Treemonte Dr.**  
 City  
**Orange City** **FL** Zip Code  
**32763**

8. If 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  DATE **2/27/03**

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASRUD, 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 ROAD NEW BRIGHTON, MN 55112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POHL, GERRY 3317 EDWARD ST., NE MINNEAPOLIS, MN 55418	<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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  DATE **2/27/03** Daytime Phone # **(612) 371-2651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)