

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90109 019 \*\*\*150.00

**DOCUMENT # F01000001692**  
**1. Entity Name**  
**NAPA SUPPLY OF GRAND FORKS, INC.**

**Principal Place of Business**      **Mailing Address**  
**108 CORTESE RD. BLDG 500**      **PO BOX 666**  
**EGLIN AFB FL 32542**      **CROOKSTON MN 56716**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

**4. FEI Number**      **Applied For**  
**45-0392554**       Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**GREENIER, JOHNNY**  
**108 CORTESE RD, BLDG 500**  
**EGLIN AFB FL 32542**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD WALL, LEE PO BOX 66 CROOKSTON MN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ENGELSTAD, KELLY 1220 SUNFLOWER ST. CROOKSTON MN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BRADLEY, STEVE RR 3, BOX 94 ERSKINE MN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CAMERON, BOB 101 GOLF TERR CROOKSTON MN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALTRINGER, LARRY RR 2 BOX 114E ERSKINE MN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRADLEY, STEVE RR3 BOX 94 ERSKINE MN</b> <input type="checkbox"/> Delete

**12. 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
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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 *Dec Wall, Pres.*      Date *1/31/02*      Daytime Phone # *218-281-6392*

CR2E034 (9/01)