

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90381 017 ***150.00

0672256 MR

DOCUMENT # F01000001692

1. Entity Name
NAPA SUPPLY OF GRAND FORKS, INC.



Principal Place of Business
108 CORTESE RD. BLDG 500
EGLIN AFB FL 32542

Mailing Address
PO BOX 666
CROOKSTON MN 56716

10013484



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **45-0392554**

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

GREENIER, JOHNNY
108 CORTESE RD, BLDG 500
EGLIN AFB FL 32542

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
WALL, LEE
PO BOX 666
CROOKSTON MN Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition
PO Box 666

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ENGELSTAD, KELLY
1220 SUNFLOWER ST.
CROOKSTON MN Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BRADLEY, STEVE
RR 3, BOX 94
ERSKINE MN Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition
18593 N Shore Dr SE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CAMERON, BOB
101 GOLF TERR
CROOKSTON MN Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALTRINGER, LARRY
RR 2 BOX 114E
ERSKINE MN Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRADLEY, STEVE
RR3 BOX 94
ERSKINE MN Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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:

Signature of Steve Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03
Date

218-281-6392
Daytime Phone #

CR2E034 (10/02)