

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2000 8:00 am
Secretary of State**

02-08-2000 90162 010 ***150.00

DOCUMENT # S39792

1. Entity Name

HEAT-N-GLO INTERNATIONAL, INC.,

Principal Place of Business

Mailing Address

**20802 KENSINGTON BLVD
LAKEVILLE MN 55044****20802 KENSINGTON BLVD
LAKEVILLE MN 55044-8052**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1689994

Applied For

Not Applied

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

**RAY, EDWARD E.
763 17TH AVE. SOUTH
NAPLES FL 33940**

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	RAY, EDWARD E	
STREET ADDRESS	763 17TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHIMEK, DANIEL C	
STREET ADDRESS	5260 132ND ST	
CITY-ST-ZIP	APPLE VALLEY MN	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHIMEK, GERALD T	
STREET ADDRESS	5050 JACKSON CR	
CITY-ST-ZIP	PRIOR LAKE MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIMEK, RONALD J	
STREET ADDRESS	8944 WEST 154TH	
CITY-ST-ZIP	PRIOR LAKE MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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

Date

Daytime Phone #

2/3/2000

612-985-6553