Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR) Sep 18, 2001 8:00 am Secretary of State S39792 DOCUMENT # 1. Entity Name 09-18-2001 90007 046 ***550.00 HEAT-N-GLO INTERNATIONAL, INC., Principal Place of Business Mailing Address 20802 KENSINGTON BLVD 20002 KENSINGTON BLVD LAKEVILLE MN 55044 LAKEVILLE MN 55044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 41-1689994 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAY, EDWARD E. Street Address (P.O. Box Number is Not Acceptable) 763 17TH AVE. SOUTH NAPLES FL 33940 City 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 ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (5/01) Change Addition RAY, EDWARD E NAME STREET ADDRESS 763 17TH AVENUE SOUTH STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME SHIMEK, DANIEL C NAME STREET ADDRESS 5260 132ND ST STREET ADDRESS CITY-ST-ZIP APPLE VALLEY MN CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME SHIMEK, GERALD T NAME STREET ADDRESS 5050 JACKSON CR STREET ADDRESS CITY-ST-ZIP PRIOR LAKE MN CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SHIMEK, RONALD J NAME NAME STREET ADDRESS 8944 WEST 154TH STREET ADDRESS CITY-ST-ZIP PRIOR LAKE MN CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: