

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90015 018 ***150.00

DOCUMENT # 833438

1. Entity Name

FRU-CON CONSTRUCTION CORPORATION

Principal Place of Business

**15933 CLAYTON RD
 BALLWIN MO 63011**

Mailing Address

**15933 CLAYTON RD
 BALLWIN MO 63011**

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

43-0280590-

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY

**1201 HAYS STREET
 TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD SANDERSON, PETER**
 STREET ADDRESS **333 VINE STREET**
 CITY-ST-ZIP **DENVER CO**

TITLE ☒ Change ☐ Addition
 NAME **2015 Picardy meadow Lane**
 STREET ADDRESS **Chesterfield, MO 63017**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD JAEKEL, MATT**
 STREET ADDRESS **14635 SCHOETTLER MANOR COURT**
 CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE ☐ Change ☒ Addition
 NAME **Assistant Secretary**
 STREET ADDRESS **James Faber**
 CITY-ST-ZIP **1202 Red Oak Plantation**
Ballwin, MO 63021

TITLE ☒ Delete
 NAME **D. FROST, BRUCE A.**
 STREET ADDRESS **408 SUNNY SLOPE DRIVE**
 CITY-ST-ZIP **BALLWIN MO 63011**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SV RUZICKA, LEONARD R. JR.**
 STREET ADDRESS **1947 SUNNY DRIVE**
 CITY-ST-ZIP **KIRKWOOD MO**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **V HOLTHOUSE, GREGORY J**
 STREET ADDRESS **229 TIMBER TREE CT**
 CITY-ST-ZIP **BALLWIN MO 63011**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V KOOP, JEFFREY L**
 STREET ADDRESS **267 SPRING OAKS DR**
 CITY-ST-ZIP **BALLWIN MO 63011**

TITLE ☐ Change ☐ Addition
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 6363914196
 Date Daytime Phone #

CR2E034 (9/01)