

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

F98 0000000-33

TECHNOLOGY PLUS OF KANSAS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90088 046 ***150.00

Principal Place of Business

Mailing Address

4201 NE LAKEWOOD WAY #200
LEE'S SUMMIT, MO 64064

4201 NE LAKEWOOD WAY #200
LEE'S SUMMIT, MO 64064

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

43-1427572

Applied For

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 CORPORATION SERVICE COMPANY

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC
NAME BRONSON, RICHARD L
STREET ADDRESS 4201 NE LAKEWOOD WAY #200
CITY-ST-ZIP LEE'S SUMMIT, MO 64064 ☐ Delete

TITLE VD
NAME VIENE, JOHN G
STREET ADDRESS 4201 NE LAKEWOOD WAY #200
CITY-ST-ZIP LEE'S SUMMIT, MO 64064 ☐ Delete

TITLE STD
NAME BRONSON, BONNIE L
STREET ADDRESS 4201 NE LAKEWOOD WAY #200
CITY-ST-ZIP LEE'S SUMMIT, MO 64064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME WATSON, BOBBY W
STREET ADDRESS 16233 E LULLWATER DR
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 ☐ Change ☒ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Rich Bronson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICH BRONSON

Date

3-21-00 816-795-7720

Daytime Phone #

CR2E034 (9/99)