

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 808452

1. Entity Name
HILLYARD, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90035 025 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
302 NORTH 4TH ST.
ST JOSEPH MO 64501-1720

Mailing Address
302 NORTH 4TH ST.
ST JOSEPH MO 64501-1720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 44-0522196

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 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 D
NAME HILLYARD, M. SCOTT
STREET ADDRESS 2619 LOVERS LN
CITY-ST-ZIP ST JOSEPH, MO 00000 ☐ Delete

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

TITLE D
NAME CAROLUS, JAMES P.
STREET ADDRESS 2831 LOVERS LANE
CITY-ST-ZIP ST JOSEPH MO ☐ Delete

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

TITLE T
NAME CAROLUS, JAMES
STREET ADDRESS 2831 LOVERS LANE
CITY-ST-ZIP ST. JOSEPH MO ☐ Delete

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

TITLE SVD
NAME ROTH, JAMES H.
STREET ADDRESS 3601 W. COLONY SQ.
CITY-ST-ZIP ST. JOSEPH MO ☐ Delete

TITLE
NAME
STREET ADDRESS 12759 Lakeland Ave.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PD
NAME ROTH, ROBERT W.
STREET ADDRESS 1302 ASHLAND
CITY-ST-ZIP ST. JOSEPH MO ☐ Delete

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

TITLE AST
NAME AMBROSE, NEIL
STREET ADDRESS 4110 NE 5812 TERRACE
CITY-ST-ZIP KANSAS CITY MO 64119 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01

Date

816-233-1321

Daytime Phone #

CR2E034 (10/00)