

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826668

1. Entity Name

PHILLIPS KILN SERVICES LTD. INC.

Principal Place of Business

2607 DAKOTA AVE
SIOUX CITY IA 68776
US

Mailing Address

PO BOX 1108
SIOUX CITY IA 51102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

So. Sioux City, NE

City & State

Zip

Country

Zip

Country

68776

6. Name and Address of Current Registered Agent

4. FEI Number 42-0949799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
PHILLIPS, CAREY M.
32421 WEST LOOP ROAD
SIOUX CITY IA

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BERTNESS, ERIC A.
317 S FORK
S SIOUX CITY NE

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
AUSTIN, DARYL A
31 HERITAGE
SIOUX CITY IA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DEWITT, JOSEPH
2825 CLARK ST
SIOUX CITY IA 51104

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/S
William Conner
3810 Pierce St.
Sioux City, IA 51104

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Terry Brown
533 Soy St.
So Sioux City, NE 68776

☐ 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

Date

Daytime Phone #

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90041 001 ***100.00

02-02-2001 90041 002 ****50.00

24153



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)