

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90130 027 ***150.00

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1. Entity Name
PHILLIPS KILN SERVICES LTD. INC.



Principal Place of Business
2607 DAKOTA AVE
SO SIOUX CITY NE 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

City & State

Zip

Country

Zip

Country

4. FEI Number **42-0949799**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **O** ☐ Delete
NAME **GEBHART, WALTER**
STREET ADDRESS **217 OAKMONT DR**
CITY-ST-ZIP **SOUTH SIOUX CITY NE 68776**

TITLE ☐ Change ☒ Addition
NAME **Braxmeier Thomas**
STREET ADDRESS **10016 Bunkum Road**
CITY-ST-ZIP **Fairview Hgts, IL 62208**

TITLE **O** ☐ Delete
NAME **RASMUSSEN, RICK**
STREET ADDRESS **3733 LINDENWOOD**
CITY-ST-ZIP **SIOUX CITY IA 51104**

TITLE ☐ Change ☒ Addition
NAME **Carey Phillips**
STREET ADDRESS **4215 Riverview**
CITY-ST-ZIP **Bradenton, FL 34209**

TITLE **VPD** ☐ Delete
NAME **AUSTIN, DARYL A**
STREET ADDRESS **31 HERITAGE**
CITY-ST-ZIP **SIOUX CITY IA**

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

TITLE **TS** ☐ Delete
NAME **CONNER, WILLIAM**
STREET ADDRESS **3810 PIERCE ST**
CITY-ST-ZIP **SIOUX CITY IA 51104**

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

TITLE **VP** ☐ Delete
NAME **BROWN, TERRY**
STREET ADDRESS **533 JOY CT**
CITY-ST-ZIP **SOUTH SIOUX CITY NE IA 68776**

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

TITLE **PD** ☐ Delete
NAME **Bertness, Eric A.**
STREET ADDRESS **317 So. Fork**
CITY-ST-ZIP **So. Sioux City, Ne. 68776**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM D. CONNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 402-494-6837

CR2E034 (10/02)