

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90031 015 ***550.00

DOCUMENT # F00000001140

1. Entity Name

MAC FLOR-TRONICS, INC.

MAC FLO-TRONICS, INC.

S
F

Principal Place of Business

**7901 NW 107TH TERRACE
 KANSAS CITY MO 64153**

Mailing Address

**7901 NW 107TH TERRACE
 KANSAS CITY MO 64153**

*D. Box 205
 in Betha KS.
 Lolo 534*

A0072086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **48-0760430**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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!!
 After MAY 1, 2001
 Make Check Payable to Department of State**

**FEE IS \$150.00
 Fee will be \$550.00
 to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAVEY, GARY	
STREET ADDRESS	7901 NW 107TH TERRACE	
CITY-ST-ZIP	KANSAS CITY MO 64153	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FREITAG, SAMUEL C	
STREET ADDRESS	120 W. 12TH ST., SUITE 800	
CITY-ST-ZIP	KANSAS CITY MO 64105	
TITLE	V	<input type="checkbox"/> Delete
NAME	STALLBAUMER, JOE	
STREET ADDRESS	7901 NW 107TH TERRACE	
CITY-ST-ZIP	KANSAS CITY MO 64153	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, WILLIAM D	
STREET ADDRESS	120 W. 12TH ST., SUITE 800	
CITY-ST-ZIP	KANSAS CITY MO 64105	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDANIEL, GARY L	
STREET ADDRESS	500 N. RAINBOW, SUITE 300	
CITY-ST-ZIP	LAS VEGAS NV 89107	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEHN, ROBERT A	
STREET ADDRESS	11436 HIGH DRIVE	
CITY-ST-ZIP	LEAWOOD KS 66211	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Galberaith	
STREET ADDRESS	7901 NW 107th Terrace	
CITY-ST-ZIP	Kansas City, MO 64153	
TITLE	CFO/SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay Brown	
STREET ADDRESS	7901 NW 107th Terrace	
CITY-ST-ZIP	Kansas City, MO 64153	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Brown	
STREET ADDRESS	7901 NW 107th Terrace	
CITY-ST-ZIP	Kansas City, MO 64153	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Babcock	
STREET ADDRESS	7901 NW 107th Terrace	
CITY-ST-ZIP	Kansas City, MO 64153	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Brown, CFO/Secretary

Date

Daytime Phone #

CR2E034 (10/00)