

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003259

1. Entity Name

MOSSBERG SANITATION, INC.

Principal Place of Business

P.O. BOX 486
GREAT BEND KS 67530

Mailing Address

P.O. BOX 486
GREAT BEND KS 67530

2. Principal Place of Business

2006 Broadway

Suite, Apt. #, etc.

Suite 2B

3. Mailing Address

Suite, Apt. #, etc.

City & State

Great Bend KS

City & State

Zip

67530

Country

USA

Zip

Country

4. FEI Number

48-0947714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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)

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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MOSSBERG, PHILLIP C 2619 TANGLEWOOD GREAT BEND KS 67530	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MOSSBERG, PHILLIP C 2619 TANGLEWOOD GREAT BEND KS 67530	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCFO BALL, RICHARD A 119 N.E. 30TH ROAD GREAT BEND KS 67530	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLEEKER, SYLVAN D 4701 QUAIL CREEK ROAD GREAT BEND KS 67530	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSSBERG, COLEEN 2619 TANGLEWOOD GREAT BEND KS 67530	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2818 Forest Great Bend, KS 67530	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sylvan D. Bleeker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/7/02 620-792-6570

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

Jul 16, 2002 8:00 am
Secretary of State

06-19-2002 90462 028 ***150.00

07-16-2002 90348 043 ***400.00

CR2E034 (9/01)