

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90014 045 ***150.00

DOCUMENT # F00000004877

1. Entity Name

PREMIER LABORATORIES, INC.

Principal Place of Business

**7235 CENTRAL
 KANSAS CITY MO 64114**

Mailing Address

**7235 CENTRAL
 KANSAS CITY MO 64114**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

43-1888069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**REIDY, SANDRA H
 991 SCOTT DRIVE
 MARCO ISLAND FL 34145**

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, 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 **CP** ☐ Delete
 NAME **HARRISON, RICKEY J**
 STREET ADDRESS **15913 RUSSEL ROAD**
 CITY-ST-ZIP **STILWELL KS 66085**

TITLE **VC** ☐ Delete
 NAME **NOFFSINGER, JIMMIE K**
 STREET ADDRESS **12952 S SUMMIT STREET**
 CITY-ST-ZIP **OLATHE KS 66062**

TITLE **STD** ☐ Delete
 NAME **SHAW, LARRY W**
 STREET ADDRESS **14323 S KAW DRIVE**
 CITY-ST-ZIP **OLATHE KS 66062**

TITLE **D** ☐ Delete
 NAME **REIDY, THOMAS J**
 STREET ADDRESS **4723 N HOLLY COURT**
 CITY-ST-ZIP **KANSAS CITY MO 64116**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8449 SOMERSET DR**
 CITY-ST-ZIP **PRAIRIE VILLAGE, KS 66207**

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

TITLE ☐ Change ☐ 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:

LARRY W. SHAW
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)