

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90013 018 ***150.00

DOCUMENT # F00000006673

1. Entity Name
HAVENS STEEL COMPANY

Principal Place of Business

7219 E. 17TH ST.
KANSAS CITY MO 64126

Mailing Address

7219 E. 17TH ST.
KANSAS CITY MO 64126

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

44-0278110

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!!! 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	P	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, KEN	
STREET ADDRESS	12729 W. 82ND ST.	
CITY-ST-ZIP	LENEXA KS	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SULLIVAN, PETE	
STREET ADDRESS	5705 W. 157TH PLACE	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BECHTOLD, JESSE	
STREET ADDRESS	2808 SW 13TH ST.	
CITY-ST-ZIP	LEES SUMMIT MO	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FREELAND, ROBERT	
STREET ADDRESS	3500 LANCEWOOD CT.	
CITY-ST-ZIP	LEES SUMMIT MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRICE, DON	
STREET ADDRESS	3924 N.E. 58TH TERRACE	
CITY-ST-ZIP	GLADSTONE MO	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAAF, DAVID	
STREET ADDRESS	2253 PARK AVE.	
CITY-ST-ZIP	BLUE SPRINGS MO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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

4-1-02 8:6 2315724
 Date Daytime Phone #

CR2E034 (9/01)