

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90018 040 ***558.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **44-0278110**

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

C.T.CORPORATION.SYSTEM
1200 SOUTH 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 \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MCCULLOUGH, KEN**
STREET ADDRESS **12729 W. 82ND ST.**
CITY-ST-ZIP **LENEXA KS**

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

TITLE **VD** ☒ Delete
NAME **SULLIVAN, PETE**
STREET ADDRESS **5705 W. 157TH PLACE**
CITY-ST-ZIP **OVERLAND PARK KS**

TITLE ☐ Change ☒ Addition
NAME **VP-Mfg**
STREET ADDRESS **Tom Collins**
CITY-ST-ZIP **321 Blue Beech Point, Lees Summit, MO**

TITLE **SD** ☐ Delete
NAME **BECHTOLD, JESSE**
STREET ADDRESS **2808 SW 13TH ST.**
CITY-ST-ZIP **LEES SUMMIT MO**

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

TITLE **CD** ☒ Delete
NAME **FREELAND, ROBERT**
STREET ADDRESS **3500 LANCEWOOD CT.**
CITY-ST-ZIP **LEES SUMMIT MO**

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

TITLE **V** ☐ Delete
NAME **PRICE, DON**
STREET ADDRESS **3924 N.E. 58TH TERRACE**
CITY-ST-ZIP **GLADSTONE MO**

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

TITLE **P** ☐ Delete
NAME **RAAF, DAVID**
STREET ADDRESS **2253 PARK AVE.**
CITY-ST-ZIP **BLUE SPRINGS MO**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 24, 2003 **816-231-5724**

CR2E034 (4/03)