## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F01000006032 **DOCUMENT #**

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FIXTURES MANUFACTURING CORPORATION



## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90099 011 \*\*\*150.00

			100 HT 1100		
Principal Place of Business 7300 WEST 1107H STE. 210 OVERLAND PARK NS 66210		Mailing Address 7300 WEST 110TH STE. 210 OVERLAND PARK KS 66210			I BENJARDIN BUNG SANBAN NAN NAN 1981
2. Principal Place of Bu	A	3. Mailing Address			
ILEYZ CRYST	AL AVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF M	AKING CHANGES
City & State KANSAS CITY MO		City & State		4. FEI Number 44-0517569 Applied For	
Zip 64126	Country	Zip	Country	5. Certificate of Status Desired _ [	Not Applicable  \$8.75 Additional Fee Required
	ne and Address of Current	I Registered Agent	<u> </u>	7. Name and Address of New Regist	•
			Name	The state of the s	orod Agent
C T CORPORATION	SYSTEM		Street Address	/DO Pay Number in New Assessments	-10.
1200 SOUTH PINE	ISLAND ROAD		Sileet Address	(P.O. Box Number is Not Acceptable)	
PLANTATION FL 33	324				
• • • • • • • • • • • • • • • • • • •			City		FL Zip Code
8. The above named en	tity submits this statement fo	or the purpose of changing it	s registered office or registe	red agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of reg	istered agent.		· ·		
SIGNATURE					
. Signature, typ	ed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature require	d when reinstating)	DATE
	/!!! FEE IS \$150.00	-			4
	003 Fee will be \$550.00			<ol> <li>Election Campaign Financir</li> <li>Trust Fund Contribution.</li> </ol>	ng <b>\$5.00</b> May Be Added to Fees
	to Florida Department o			mase, and contribution.	□ Added to Fees
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 11
TITLE P	UNI COCCO	☐ Delete	TITLE		☐ Change ☐ Addition
	HIN, GREGG 110TH, SUITE 210		NAME		ļ
	ID PARK KS 66210		STREET ADDRESS CITY-ST-ZIP		
TITLE V	ID I AIRT NO GOZIO	Delete	TITLE		
NAME HILL, JOA	AN	∟ Delete	NAME		Change Addition
	110TH, SUITE 210		STREET ADDRESS		
	ID PARK KS 66210		CITY-ST-ZIP		i
TITLE S		☐ Delete	TITLE		Change Addition
NAME O'CONNE	EL, MARY ANN		NAME		
STREET ADDRESS 7300 W.	110TH, SUITE 210		STREET ADDRESS		
	ID PARK KS 66210	<del></del>	CITY-ST-ZIP		
TITLE T	u pataleu	☐ Delete	TITLE		Change Addition
	N, BRADLEY 110TH, SUITE 210		NAME CTREET ADDRESS		
1,000 11.	D PARK KS 66210		STREET ADDRESS CITY-ST-ZIP		
TITLE CD	- 7 7 11 NO VOL 10	☐ Delete	TITLE		
THOMAS,	WILLIAM	Fri Delete	NAME		☐ Change ☐ Addition
	12TH STREET, SUITE 8	300	STREET ADDRESS		
CITY-ST-ZIP KANSAS (	CITY MO 64105		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		ĺ
l			CITY-ST-ZIP	<del>-</del>	
<ol> <li>I hereby certify that the indicated on this rene</li> </ol>	ne information supplied with	this filing does not qualify to	the exemption stated in Se	ction 119.07(3)(i), Florida Statutes. I furthe same legal effect as if made under oath; the	er certify that the information
OF THE CONDUCTATION OF I	the receiver of trustee embo	weren in execute this report	as required by Chanter 607.	same legal effect as if made under oath; th , Florida Statutes; and that my name appe	lat I am an officer or director
changed, or on an att	tachment with an address, w	ith all other like empowered.	, , , _ , _ , _ , _ , _ , _ , _ , _ , _	, and according and that my nearle appe	STORY DIOCK TO OF BIOCK THE