

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91303 045 ***150.00

0668557 AR

DOCUMENT # F02000001322

1. Entity Name
FIELDWORKS, INC.



Principal Place of Business
**16900 WEST 118TH TERRACE
OLATHE KS 66061**

Mailing Address
**16900 WEST 118TH TERRACE
OLATHE KS 66061**

11024206



2. Principal Place of Business

4515 Oak Fair Boulevard

3. Mailing Address

16950 West 118th Terrace

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Olathe, KS

City & State

Tampa, FL

Zip

33610

Country

U.S.A.

Zip

66061

Country

U.S.A.

4. FEI Number **41-2027259**

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

LEXISNEXIS DOCUMENT-SOLUTIONS-INC.

3953 W.W. KELLEY ROAD

TALLAHASSEE FL 32311

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ADKINS, MICHAEL S**
STREET ADDRESS **9332 WEST 116TH TERRACE**
CITY-ST-ZIP **OVERLAND PARK KS 66210**

TITLE **VD** ☒ Delete
NAME **PETERSON, ROBERT J**
STREET ADDRESS **9108 WEST 113TH STREET**
CITY-ST-ZIP **OVERLAND PARK KS 66210**

TITLE **STD** ☐ Delete
NAME **KOST, KENNETH R**
STREET ADDRESS **863 ROCK CREEK ROAD**
CITY-ST-ZIP **POMONA KS 66076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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

Date

Daytime Phone #

4/18/03 (913) 541-4930

CR2E034 (10/02)