

1082

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

DOCUMENT # F02000001445

1. Entity Name

Aquila Services, Inc.



FILED

04 APR 20 PM 5: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20 W. 9th Street

Suite, Apt. #, etc.

3. Mailing Address

20 W. 9th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE 04

City & State

Kansas City, MO

City & State

Kansas City, MO

4. FEI Number

22-3366827

Applied For

Not Applicable

Zip

64105

Country

USA

Zip

64105

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL

Zip Code 32301

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President/Director  
Robert L. Poehling  
20 W. 9th Street  
Kansas City, MO 64105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Secretary  
Sara L. Henning  
20 W. 9th Street  
Kansas City, MO 64105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Treasurer  
Randal P. Miller  
20 W. 9th Street  
Kansas City, MO 64105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sara L. Henning*

Sara L. Henning

4/16/04

Date

816-467-3384

Daytime Phone #

CR2E034B (12/02)



CORPORATION SERVICE COMPANY™

20f2

ACCOUNT NO. : 072100000032  
REFERENCE : 579602 4350171  
AUTHORIZATION : *Patricia Pigute*  
COST LIMIT : \$ 150.00

ORDER DATE : April 20, 2004

ORDER TIME : 1:39 PM

ORDER NO. : 579602-010

CUSTOMER NO: 4350171

CUSTOMER: Beth Vandevyvere, Ms 3-125  
Aquila, Inc.  
20 West Ninth Street  
Dept. No. 4031  
Kansas City, MO 64105

ANNUAL REPORT FILING

NAME: AQUILA SERVICES, INC.

RECEIVED  
04 APR 20 PM 2:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Kimberly Moret - Ext. 2949

EXAMINER'S INITIALS: \_\_\_\_\_