

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000000263**

1. Entity Name

THE INDUSTRIAL FUMIGANT CO.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90284 026 ***150.00

Principal Place of Business

**19745 W 159TH ST
OLATHE KS 66062**

Mailing Address

**P.O. BOX 1200
OLATHE KS 66051-1200**

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 **44-0529835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****TURNER, GORDON
6018-43RD TER., NORTH
ST. PETERSBURG FL 33709**

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	NEWLAND, J. MICHAEL	2315 OLD HIGHWAY 50	OTTAWA KS 66067	<input type="checkbox"/>
V	BLACHLY, ROBERT M	307 N. OAK	PAOLA KS 66071	<input type="checkbox"/>
ST	BLAUFUSS, THOMAS	13403 WEST 122ND STREET	OVERLAND PARK KS 66213	<input type="checkbox"/>
D	WILBUR, DONALD A JR	304 TOWER	PAOLA KS 66071	<input type="checkbox"/>
D	ARNOTE, JIM L	4838 SOMERSET	PRAIRIE VILLAGE KS 66207	<input type="checkbox"/>
D	SWOYER, GLEN F	5418 CAENEN	SHAWNEE KS 66218	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Thomas M. Blaufuss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01

Daytime Phone #

913-782-7600

CR2E034 (10/00)