

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90364 008 ***150.00

DOCUMENT # F95000000263

1. Entity Name
THE INDUSTRIAL FUMIGANT CO.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NEWLAND, J. MICHAEL**
STREET ADDRESS **2315 OLD HIGHWAY 50**
CITY-ST-ZIP **OTTAWA KS 66067**

☒ Change ☐ Addition
TITLE
NAME **29 Wheatland Dr**
STREET ADDRESS **Ottawa, KS 66067**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BLACHLY, ROBERT M**
STREET ADDRESS **307 N. OAK**
CITY-ST-ZIP **PAOLA KS 66071**

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

TITLE **ST** ☐ Delete
NAME **BLAUFUSS, THOMAS**
STREET ADDRESS **13403 WEST 122ND STREET**
CITY-ST-ZIP **OVERLAND PARK KS 66213**

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

TITLE **D** ☐ Delete
NAME **WILBUR, DONALD A JR**
STREET ADDRESS **304 TOWER**
CITY-ST-ZIP **PAOLA KS 66071**

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

TITLE **D** ☐ Delete
NAME **ARNOTE, JIM L**
STREET ADDRESS **4838 SOMERSET**
CITY-ST-ZIP **PRAIRIE VILLAGE KS 66207**

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

TITLE **D** ☐ Delete
NAME **SWOYER, GLEN F**
STREET ADDRESS **5418 CAENEN**
CITY-ST-ZIP **SHAWNEE KS 66218**

☐ Change ☐ Addition
TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas M. Blaufuss **Thomas M. Blaufuss** **4/23/03**

913-782-7600

CR2E034 (10/02)