

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000284

1. Entity Name
NOCUTS, INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90022 041 ***150.00

Principal Place of Business
6500 SPRINT PARKWAY
MAILSTOP KSOPHL5ASTX
OVERLAND PARK KA 66251-5777
US

Mailing Address
6500 SPRINT PARKWAY
MAILSTOP KSOPHL5ASTX
OVERLAND PARK KA 66251-5777
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 25-1635264

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PD
NAME SONDERGARD, RONALD D
STREET ADDRESS 2061 ATLANTA AVE., #216
CITY-ST-ZIP RALEIGH NC 27604

TITLE AS
NAME Jack H. Derrick
STREET ADDRESS 14111 Capital Blvd.
CITY-ST-ZIP Wake Forest, NC 28587

TITLE D
NAME CLOVER, MICHAEL J
STREET ADDRESS 14111 CAPITAL BLVD.
CITY-ST-ZIP WAKE FOREST NC 28587

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPDS
NAME ELIZABETH A DENNING
STREET ADDRESS 14111 CAPITAL BLVD.
CITY-ST-ZIP WAKE FOREST NC 28587

TITLE VP 9 Secretary
NAME Elizabeth D. Szofran
STREET ADDRESS 14111 Capital Blvd.
CITY-ST-ZIP Wake Forest, NC 28587

TITLE T
NAME M JEANNINE STRANDJORD
STREET ADDRESS 2330 SHAWNEE MISSION PKWY
CITY-ST-ZIP WESTWOOD KS 66205

TITLE T
NAME Gene M. Betts
STREET ADDRESS 2330 Shawnee Mission Parkway
CITY-ST-ZIP Westwood, KS 66205

TITLE AT
NAME ROBERT C HORNE JR
STREET ADDRESS 14111 CAPITAL BLVD.
CITY-ST-ZIP WAKE FOREST NC 28587

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HERB HENDERSON
STREET ADDRESS 14111 CAPITAL BLVD.
CITY-ST-ZIP WAKE FOREST NC 28587

TITLE D
NAME Dwight Allen
STREET ADDRESS 14111 Capital Blvd.
CITY-ST-ZIP Wake Forest, NC 28587

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene M. Betts

Date

1-24-01

Daytime Phone #

913-315-5820

CR2E034 (10/00)