

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002487

1. Entity Name

LIFTRUCKS FINANCIAL SERVICES, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90185 015 ***150.00

Principal Place of Business

Mailing Address

C/O WILLIAM P. WHITAKER
4600 MADISON, SUITE 711
KANSAS CITY MO 64112

C/O WILLIAM P. WHITAKER
4600 MADISON, SUITE 711
KANSAS CITY MO 64112-3033

2. Principal Place of Business

7727 Whitebridge Glen

3. Mailing Address

4420 Madison

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 180

City & State

University City, Florida

City & State

Kansas City, MO

4. FEI Number

43-1084556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

34201 - - USA - -

Zip

Country

64111 - USA -

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELTONHEAD, ROBERT F
7727 WHITEBRIDGE GLEN
UNIVERSITY PARK FL 34201

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, 2000 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 CPT ☐ Delete
NAME ELTONHEAD, ROBERT F
STREET ADDRESS 7727 WHITEBRIDGE GLEN
CITY-ST-ZIP UNIVERSITY CITY FL 34201

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

TITLE S ☐ Delete
NAME WHITAKER, WILLIAM P
STREET ADDRESS 4600 MADISON, SUITE 711
CITY-ST-ZIP KANSAS CITY MO 64112

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS William P. Whitaker
CITY-ST-ZIP 4420 Madison, Suite 180
Kansas City, MO 64111

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

Robert F. Eltonhead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)