

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005547

1. Entity Name

INNOVATIVE BUILDING TECHNOLOGY, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90118 047 ***150.00

Principal Place of Business

700 KARNES BLVD.
KANSAS CITY MO 64108

Mailing Address

C/O BUTLER MFG. CO.
PO BOX 419917
KANSAS CITY MO 34141-0917
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **43-1790997**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

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 the filer's name

(NOTE: Registered Agent signature required when re-registering)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HAVER, MARC S	
STREET ADDRESS	1111 2 AVENUE SOUTH	
CITY-ST-ZIP	LESTER PRAIRIE MN 55354	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	HUEY, JOHN W	
STREET ADDRESS	700 KARNES BLVD.	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRATT, DONALD H	
STREET ADDRESS	700 KARNES BLVD	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND, JOHN J	
STREET ADDRESS	700 KARNES BLVD	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MILLER, LARRY C	
STREET ADDRESS	700 KARNES BLVD	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JOHN R.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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]

Larry C. Miller, VP/Treasurer 4/27/01

816-968-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)