

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90044 042 ***550.00

DOCUMENT # F98000006566

1. Entity Name

BRB CONTRACTORS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 8128
 TOPEKA KS 66608

P.O. BOX 8128
 TOPEKA KS 66608-0128

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

48-0671206

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

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, 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 ☐ Delete
 NAME **PCD**
 STREET ADDRESS **WELCH, MICHAEL C**
 CITY-ST-ZIP **335 YORKSHIRE**
TOPEKA KS

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Michael Laird**
 CITY-ST-ZIP **3241 N.W. River Ct**
Topeka, KS 66618

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **HUGLUND, GREG**
 CITY-ST-ZIP **3813 SE 30TH PARK**
TOPEKA KS

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Kendall Johnson**
 CITY-ST-ZIP **3641 S.W. Drury Lane**
Topeka, KS 66604

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **VANDYKE, DAVID**
 CITY-ST-ZIP **3912 SE SKYLARK CT.**
TOPEKA KS

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **SHUPE, DARRYL**
 CITY-ST-ZIP **503 MILL**
TOPEKA KS

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **Shupe, Darryl**
 CITY-ST-ZIP **503 mill**
Circleville, KS 66416

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ELLIS, CHARLES**
 CITY-ST-ZIP **920 NE 43RD**
TOPEKA KS

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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: *Darryl Shupe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-500

Date

785-232-1245

Daytime Phone #