

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000006566**1. Entity Name
BRB CONTRACTORS, INC.Principal Place of Business
P.O. BOX 8128
TOPEKA KS 66608Mailing Address
P.O. BOX 8128
TOPEKA KS 66608

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US**7. Name and Address of New Registered Agent**

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 _____ **05/03/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	ELLIS CHARLES	920 NE 43RD TOPEKA KS	<input type="checkbox"/> Delete
	T	SHUPE DARRYL	503 MILL TOPEKA KS	<input type="checkbox"/> Delete
	SD	VANDYKE DAVID	3912 SE SKYLARK CT. TOPEKA KS	<input type="checkbox"/> Delete
	VD	HOGLUND GREG	3813 SE 30TH PARK TOPEKA KS	<input type="checkbox"/> Delete
	PCD	WELCH MICHAEL C	335 YORKSHIRE TOPEKA KS	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	LAIRD MICHAEL	3241 N.W. RIVER CT.	TOPEKA KS			
	D	JOHNSON KENDALL	3641 S.W. DRURY LANE TOPEKA KS		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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**TREA****05/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)