

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90136 046 ***150.00

DOCUMENT # F99000001665

1. Entity Name
PAGASUS LABORATORIES, INC.

Principal Place of Business

Mailing Address

**1217 W. 12TH STREET
 KANSAS CITY MO 64101**

**1217 W. 12TH STREET
 KANSAS CITY MO 64101-1407**

2. Principal Place of Business

3. Mailing Address

8809 ELY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA, FL

Zip

Country

Zip

Country

32514

USA

4. FEI Number **37-1108244**

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

Melinda Hansen

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

8809 Ely Road

City

Pensacola

FL

Zip Code

32514

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 **CD** ☐ Delete
 NAME **MEALMAN, W E**
 STREET ADDRESS **11505 BROOKWOOD AVE**
 CITY-ST-ZIP **LEAWOOD KS**

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

TITLE **PD** ☐ Delete
 NAME **MARTIN, RICHARD E**
 STREET ADDRESS **4901 WORNALL ROAD**
 CITY-ST-ZIP **KANSAS CITY MO**

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

TITLE **VD** ☐ Delete
 NAME **BANJAMIN, RICHARD D**
 STREET ADDRESS **16342 W BRIARWOOD COURT**
 CITY-ST-ZIP **OLATHE KS**

TITLE ☒ Change ☐ Addition
 NAME **BENJAMIN, RICHARD D.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **CHEW, DONALD A**
 STREET ADDRESS **15716 W 85TH STREET**
 CITY-ST-ZIP **LENEXA KS**

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

TITLE **ASD** ☐ Delete
 NAME **CRAWFORD, HOWARD A**
 STREET ADDRESS **3103 W. 67TH TERRACE**
 CITY-ST-ZIP **MISSION HILLS KS**

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

TITLE **D** ☐ Delete
 NAME **MUELLER, ROBERT S**
 STREET ADDRESS **1508 PRESTWICK COURT**
 CITY-ST-ZIP **LAWRENCE KS**

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:

Donald A. Chew

V.P. Finance

4/26/00 816-460-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #