

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90676 048 ***150.00

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1. Entity Name
PEGASUS LABORATORIES, INC.



Principal Place of Business
**8809 ELY RD
PENSACOLA FL 32514**

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



☐ CHECK HERE IF MAKING CHANGES

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 **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

**TROIL, KARRON
8809 ELY RD
PENSACOLA FL 32514**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **PD** ☒ Change ☐ Addition
NAME **MARTIN, RICHARD E.**
STREET ADDRESS **1015 WEST 59th St.**
CITY-ST-ZIP **KANSAS CITY, MO 64113**

TITLE **V** ☐ Delete
NAME **BROCKER, WILLIAM R**
STREET ADDRESS **6808 WARWICK AVE**
CITY-ST-ZIP **OVERLAND PARK KS 66218**

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

TITLE **D** ☐ 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald A. Chew **DONALD A. CHEW** 2-24-03 816-460-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)