

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90095 040 ***550.00

DOCUMENT # F99000003330

1. Entity Name
PILECAP, INCORPORATED

Principal Place of Business
P.O. BOX 6039
KANSAS CITY KS 66106

Mailing Address
P.O. BOX 6039
KANSAS CITY KS 66106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8403 Nieman Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lenexa, KS.

City & State

Zip

Country

Zip

Country

4. FEI Number 48-1063262

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **CP** ☐ **Delete**
NAME **DOLESHAL, DONALD L**
STREET ADDRESS **9339 W. 53RD STREET**
CITY-ST-ZIP **MERRIAM KS 66203**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS **8403 Nieman Rd.**
CITY-ST-ZIP **Lenexa, KS. 66214**

TITLE **VICE PRES.** ☐ **Delete**
NAME **Kent Price**
STREET ADDRESS **8403 Nieman Rd.**
CITY-ST-ZIP **Lenexa, KS 66214**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:

Signature and Typed or Printed Name of Signing Officer or Director
Kent Price

Date

Daytime Phone #

09-02-02 800-880-1805

CR2E034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000003330**

1. Entity Name
PILECAP, INCORPORATED

Copy for file
Attachments

0140130 AB

Principal Place of Business

P.O. BOX 6039
KANSAS CITY KS 66106

Mailing Address

P.O. BOX 6039
KANSAS CITY KS 66106

2. Principal Place of Business

8403 Nieman Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lenexa, KS.

City & State

Zip

66214

Country

U.S.A.

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **48-1063262**

Applied For
Not Applicable

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**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

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 on File*

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 \$550.00
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP. DOLESHAL, DONALD L 9339 W. 53RD STREET MERRIAM KS 66203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kent Price VICE PRES. 8403 NIEMAN RD. LENEXA, KS 66214	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8403 Nieman Rd. Lenexa, KS. 66214	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information indicated on this report is true and correct, and that I am an officer or director of the corporation, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature → *Kent Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent Price

VICE PRES.

09-11-02 800-880-1805

Date

Daytime Phone #

CR2E034 (4/02)