

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90017 017 \*\*\*150.00

**DOCUMENT # F99000006083**

1. Entity Name

**APPLIED MEASUREMENT PROFESSIONALS, INC.**

Principal Place of Business

**8310 NIEMAN ROAD  
 LENEXA KS 66214-1579**

Mailing Address

**8310 NIEMAN ROAD  
 LENEXA KS 66214-1579**

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

**48-0940267**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.  
 1333 NORTH DUVAL STREET  
 TALLAHASSEE FL 32303**

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

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, 2002 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

TITLE **C** ☐ Delete  
 NAME **BURGIN, WILLIAM E JR., MD**  
 STREET ADDRESS **2601 HOSPITAL BLVD., STE. 117**  
 CITY-ST-ZIP **CORPUS CHRISTI TX 78405**

TITLE **D** ☐ Delete  
 NAME **DIRKSEN, RALPH E**  
 STREET ADDRESS **23933 W. 175TH ST.**  
 CITY-ST-ZIP **GARDNER KS 66030**

TITLE **D** ☐ Delete  
 NAME **HAYES, JAMES H MHA**  
 STREET ADDRESS **19730 ENCINO BROOK**  
 CITY-ST-ZIP **SAN ANTONIO TX 78259**

TITLE **D** ☐ Delete  
 NAME **LAWRENCE, ROBERT M MD**  
 STREET ADDRESS **902 NORTH LANDING RD.**  
 CITY-ST-ZIP **ROCHESTER NY 14625**

TITLE **P** ☒ Delete  
 NAME **BRYANT, STEVEN K**  
 STREET ADDRESS **8310 NIEMAN RD.**  
 CITY-ST-ZIP **LENEXA KS 66214-1579**

TITLE **S** ☐ Delete  
 NAME **GOLDINER, PAUL L MD**  
 STREET ADDRESS **1 GUSTAVE LEVY PL BOX 1010**  
 CITY-ST-ZIP **NEW YORK NY 10029**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE **President** ☐ Change ☒ Addition  
 NAME **Gary A. Smith**  
 STREET ADDRESS **8310 Nieman Road**  
 CITY-ST-ZIP **Lenexa, KS 66214-1579**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gary A. Smith**

Date

**4/9/2002**

Daytime Phone #

**(913) 541-0400**

CR2E034 (9/01)