

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50896

1. Entity Name

THE FRU-CON PROJECTS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 012 ***150.00

Principal Place of Business

Mailing Address

15933 CLAYTON RD
BALLWIN MO 63011

15933 CLAYTON RD
BALLWIN MO 63011-2146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1092643

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 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	PD	<input type="checkbox"/> Delete
NAME	SAUER, PAUL	
STREET ADDRESS	16183 WILSON MANOR DR.	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JUERGEN, KOCHANNEK	
STREET ADDRESS	2634 VALLEY ROAD	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	SV	<input type="checkbox"/> Delete
NAME	MORRIS, PEGGY	
STREET ADDRESS	4506 MARYLAND AVE.	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZEHNER, ARNIE	
STREET ADDRESS	1417 CARMAN VALLEY DR.	
CITY-ST-ZIP	MANCHESTER MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALOOF, RICHARD	
STREET ADDRESS	123 KATHLEEN AVE.	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GILBERT, CHARLES	
STREET ADDRESS	716 N SUMMIT	
CITY-ST-ZIP	WEBSTER GROVES MO 63119	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

CHARLES A. GILBERT
Asst. Sec.

Date

4/24/00

Daytime Phone #

(636) 391-6700

CR2E034 (9/99)