

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90016 046 ***150.00

DOCUMENT # P03161

1. Entity Name
SCHMIDT & KLAUS, INC.

Principal Place of Business Mailing Address
 GRAND AVENUE 1620 GRAND AVENUE
 CITY MO 64108 KANSAS CITY MO 64108-1412



DO NOT WRITE IN THIS SPACE

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 **43-0860522** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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.

SIGNATURE _____ (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.
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

TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHMIDT, GARY L.	
STREET ADDRESS	2137 SHADOW OAKS ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLAUS, JOHN	
STREET ADDRESS	8206 E. 166TH ST.	
CITY-ST-ZIP	GREENWOOD MO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHMIDT, DIANE	
STREET ADDRESS	2137 SHADOW OAKS ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLAUS, BERNARD SR	
STREET ADDRESS	COUNTY LINE RD	
CITY-ST-ZIP	BELTON MO	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMIDT, MICHAEL D.	
STREET ADDRESS	8814 WEST 116TH STREET	
CITY-ST-ZIP	OVERLAND PARK KS 66210	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAAG, CHRIS	
STREET ADDRESS	7568 RAINBOW DR.	
CITY-ST-ZIP	PRAIRIE VILLAGE KS	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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: Gary L. Schmidt Date: 2-19-00 Daytime Phone #: 941-383-8720

CR2E034 (9/98)