

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09011

1. Entity Name

SMITH & LOVELESS, INC.

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90016 015 ***150.00

Principal Place of Business

14040 SANTA FE TRAIL DRIVE
LENEXA KS 66215

Mailing Address

14040 SANTA FE TRAIL DRIVE
LENEXA KS 66215-1234

00025336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 48-0924021

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

CT CORPORATION SYSTEM
1200 S. 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.

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 NAME
PTD REBORI, ROBERT-L
STREET ADDRESS 13919 WEST 48TH TERRACE
CITY-ST-ZIP SHAWNEE KS

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
AT FERBEZAR, DAVID B
STREET ADDRESS 14710 W 65TH STREET
CITY-ST-ZIP SHAWNEE KS

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
VSD MARSCHALL, STUART B
STREET ADDRESS 10580 GLENVIEW LN
CITY-ST-ZIP OLATHE KS

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
S WICKHAM, LANETTE
STREET ADDRESS 5702 OAK VIEW DRIVE
CITY-ST-ZIP SHAWNEE KS

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
VSD BELL, JAMES A
STREET ADDRESS 4322 HOMESTEAD CIRCLE
CITY-ST-ZIP PRAIRIE VILLAGE KS

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
AS SMITH, GAD
STREET ADDRESS 6430 INDIAN LANE
CITY-ST-ZIP SHAWNEE MISSION KS

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Robert L. Rebori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

913 888 5201

Daytime Phone #

CR2E034 (9/99)