

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18580

1. Entity Name

FAIRBANKS SCALES, INC.

Principal Place of Business

Mailing Address

821 LOCUST
KANSAS CITY MO 64106

821 LOCUST
KANSAS CITY MO 64106-1908

2. Principal Place of Business

821 Locust

3. Mailing Address

821 Locust

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kansas City MO

City & State

Kansas City MO

Zip

64106

Country

USA

Zip

64106

Country

USA

4. FEI Number

43-1464165

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

604956



DO NOT WRITE IN THIS SPACE

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
NORDEN, F.A.
821 LOCUST
KANSAS CITY MO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GIBSON, ART
821 LOCUST
KANSAS CITY MO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCOS
NORDEN, RICHARD
821 LOCUST ST
KANSAS CITY MO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
HALL, SHIRLEY A
821 LOCUS
KANSAS CITY MO 64106 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHARPE, C.N.
500 E. 9TH STREET
KANSAS CITY MO 64106 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, Secretary/Treasurer ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, COO ☒ Change ☐ Add

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

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

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

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, changed, or on an attachment with an address, with all other like empowered.

Tel: 816/471-0231

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley A Hall, Asst Sec

Date

Daytime Phone #

1/12/00