

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90003 016 \*\*\*150.00

MU06900J



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P19166**

1. Entity Name  
**KASCO SERVICES CORPORATION**

Principal Place of Business 1569 TOWER GROVE AVE.. ST. LOUIS MO 63110	Mailing Address 2251 LUCIEN WAY 300 MAITLAND FL 32751-7023 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>300 Primera Blvd.</b> Suite, Apt. #, etc. <b>Ste 432</b> City & State <b>Lake Mary FL</b> Zip <b>32746</b>
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4. FEI Number <b>13-3341885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BERRESFORD, JEFFREY M</b> <b>1569 TOWERGROVE DR</b> <b>ST. LOUIS MO</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTP</b> <b>WILKINSON, BOB</b> <b>743 BEAR CREEK CIRCLE</b> <b>WINTER SPRINGS FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LAMBERT, JAMES W</b> <b>489 PICKFORD POINT</b> <b>LONGWOOD FL 32779</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>SCHUPPE, CRAIG D</b> <b>7449 MEGAN ELISSA LANE</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>MAINGOT, LARRY C</b> <b>1060 VISTA ROAD</b> <b>LONGWOOD FL 32750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FICHTHORN, LUKE E.</b> <b>514 HOLLOW TREE RIDGE</b> <b>DARIEN CT</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Turner, Brian E.</b> <b>1850 Kewwood Drive</b> <b>Chesterfield MO 63005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP, S</b> <b>SMITH, Larry D.</b> <b>191 Varsity Circle</b> <b>Aitmonte Springs FL 32714</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VTP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AS/AT</b> <b>Castellow, Ben L.</b> <b>1516 Isleview Drive</b> <b>Chesterfield, MO 63017</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Craig D. Schuppe **CRAIG D. SCHUPPE** **2/23/00** **407 875-2222**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. TREAS. Date Daytime Phone #

CR2E034 (9/99)