

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90498 007 \*\*\*150.00

**DOCUMENT # P19166**

1. Entity Name  
**KASCO SERVICES CORPORATION**

Principal Place of Business  
**1569 TOWER GROVE AVE..  
 ST. LOUIS MO 63110**

Mailing Address  
**300 DRIMERA BLVD  
 STE 432  
 LAKE MARY FL 32746  
 US**

2. Principal Place of Business

3. Mailing Address  
**300 Primera Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**STE 432**

City & State

City & State  
**lake Mary FL**

Zip

Country

Zip  
**32746**

Country  
**USA**

4. FEI Number **13-3341885**

Applied For  
 Not Applicable

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 NORTH MAGNOLIA 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, 2001 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 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>VPS</b> <b>SMITH, LARRY D</b> <b>191 VARSITY CIRCLE</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTP</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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BRIAN E. TURNER</b> <b>1850 KEHSWOOD DRIVE</b> <b>CHESTERFIELD MO 63005</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCHUPPE, CRAIG D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2453 ALAQUA DRIVE</b> <b>LONGWOOD FL 32779</b>	<input checked="" 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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Schuppe  
 Asst. Treasurer

2/8/01  
 Date

(407) 875-2222  
 Daytime Phone #

CR2E034 (10/00)