

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90387 013 ***150.00

0077341 AV

DOCUMENT # P19166

1. Entity Name

KASCO SERVICES CORPORATION

Principal Place of Business

**1569 TOWER GROVE AVE..
 ST. LOUIS MO 63110**

Mailing Address

**300 PRIMERA BLVD
 STE 432
 LAKE MARY FL 32746
 US**

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

13-3341885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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, 2002 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 **PD** ☐ Delete
 NAME **TURNER, BRIAN E.**
 STREET ADDRESS **1850 KEHRWOOD DRIVE**
 CITY-ST-ZIP **CHESTERFIELD MO 63005**

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

TITLE **VPSD** ☐ Delete
 NAME **SMITH, LARRY D**
 STREET ADDRESS **191 VARSITY CIRCLE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE **VPT** ☒ Delete
 NAME **LAMBERT, JAMES W**
 STREET ADDRESS **489 PICKFORD POINT**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☒ Addition
 NAME **ATAS**
 STREET ADDRESS **ORELUP, THOMAS R**
 CITY-ST-ZIP **433 WINDING OAKS COURT
 BALWIN, MO 63021**

TITLE **AT** ☒ Delete
 NAME **SCHUPPE, CRAIG D.**
 STREET ADDRESS **7449 MEGAN ELISSA LANE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☒ Addition
 NAME **AT**
 STREET ADDRESS **WANAMAKER, WAYNE M**
 CITY-ST-ZIP **3801 GOLDENGLOW DRIVE
 ORLANDO FL 32828**

TITLE **AT** ☐ Delete
 NAME **MAINGOT, LARRY C**
 STREET ADDRESS **1060 VISTA ROAD**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☒ Change ☐ Addition
 NAME **VPT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FICHTHORN, LUKE E.**
 STREET ADDRESS **2453 ALAGUA DRIVE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

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:

Wayne M. Wanmaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treasurer

Date

4-25-2002 407.875.2222

Daytime Phone #

CR2E034 (9/01)