

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90450 006 ***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 PRIMERA BLVD
STE 432
LAKE MARY FL 32746
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3341885**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **TURNER, BRIAN E.**
STREET ADDRESS **1850 KEHRSWOOD 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 **ATAS** Delete
NAME **ORELUP, THOMAS R**
STREET ADDRESS **433 WINDING OAKS COURT**
CITY-ST-ZIP **BALLWIN MO 63021**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne M. Wanamaker* **SIGNATURE REQUIRED** *Wayne M. Wanamaker*

2-7-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)