

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91107 047 ***150.00

DOCUMENT # P30175

1. Entity Name
MIZE, HOUSER & COMPANY, PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address
534 S. KANSAS AVE., 534 S. KANSAS AVE.,
TOPEKA KS 66603 TOPEKA KS 66603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **48-0882363**

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

RACHLIN & COHEN, CPA'S
ATTN: RICHARD DRATH
1320 S DIXIE HWY,PENTHOUSE
CORAL GABLES FL 33146

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	VP	<input type="checkbox"/> Delete
NAME	MEHLINGER, ROBERT M.	
STREET ADDRESS	7111 FOUNTAINDALE RD.	
CITY-ST-ZIP	TOPEKA KS	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	OLSON, KEITH L.	
STREET ADDRESS	6860 AYLESBURY RD.	
CITY-ST-ZIP	TOPEKA KS	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FARRELL, THOMAS B	
STREET ADDRESS	22909 STATE LINE RD	
CITY-ST-ZIP	CLEVELAND MO	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIMES, TERRY J.	
STREET ADDRESS	3416 JARDINE	
CITY-ST-ZIP	TOPEKA KS	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GROESBECK, ALAN, W	
STREET ADDRESS	6027 SW 36TH ST	
CITY-ST-ZIP	TOPEKA KS	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOND, DUANE E	
STREET ADDRESS	3627 SW BLUE INN RD.	
CITY-ST-ZIP	TOPEKA KS 66614	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

785/233-0536

Daytime Phone #

CR2E034 (10/00)