

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90076 019 ***150.00

DOCUMENT # P97000000077

1. Entity Name
STRUCTURE VISION MANAGEMENT, INC.

| | |
|--|---|
| Principal Place of Business 4007 W 104TH TER OVERLAND PARK KS 66207 | Mailing Address 4007 W 104TH TER OVERLAND PARK KS 66207-4007 |
|--|---|

| | |
|--|---------------------------|
| 2. Principal Place of Business 12655 Pawnee Lane → | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--|-------------------------|
| City & State Leawood, KS | City & State |
|--|-------------------------|

| | | | |
|--------------------------|-----------------------|------------|----------------|
| Zip 66209-1447 | Country USA | Zip | Country |
|--------------------------|-----------------------|------------|----------------|

| | |
|------------------------------------|---|
| 4. FEI Number 74-2805568 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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** _____

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|--|-------------------------------|---------------------------------|
| TITLE D | NAME WARD, RONALD A | <input type="checkbox"/> Delete |
| STREET ADDRESS 4007 W 104TH TER | | |
| CITY-ST-ZIP OVERLAND PARK KS 66207 | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date _____ **Daytime Phone #** _____

CR2E034 (9/99)