

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006185

1. Entity Name
HAAS AND WILKERSON, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90017 001 ***150.00

Principal Place of Business
4300 SHAWNEE MISSION PARKWAY
SHAWNEE MISSION KS 66205

Mailing Address
~~4300 SHAWNEE MISSION PARKWAY~~
~~SHAWNEE MISSION KS 66205~~
PO Box 2946
Shawnee Mission, KS 66201-1346

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2946
Suite, Apt. #, etc.

City & State
Shawnee Mission, KS 66201-1346

Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 44-0641314
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLAN, DAN
6675 13TH AVE., NORTH
SUITE 2D
ST. PETERSBURG FL 33710

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 _____
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD/P WILKERSON, WILLIAM R III 3810 W. 66TH ST. MISSION HILLS KS 66028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COULSON, J. PHILIP 2221 DRURY LN. MISSION HILLS KS 66208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, FREDERICK P 9401 MANOR RD. LEAWOOD KS 66206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTOR, L'MITCHELL 12760 GARNETT OVERLAND PARK KS 66210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALLAN, DANIEL R 7352 HUNT CLUB LN. SEMINOLE FL 33646	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

3/15/2001 (913) 432-4400
Date Daytime Phone #

0688545

CR2E034 (10/00)