

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91802 046 \*\*\*150.00

**DOCUMENT # F94000006185**

1. Entity Name

**HAAS AND WILKERSON, INC.**



Principal Place of Business

**4300 SHAWNEE MISSION PARKWAY  
SHAWNEE MISSION KS 66205**

Mailing Address

**PO BOX 2946  
SHAWNEE MISSION KS 66201-1346**

**11042065**



2. Principal Place of Business

**4300 Shawnee Mission Parkway  
Shawnee Mission, KS 66205**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 2946  
Shawnee Mission, KS 66201-1346**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Shawnee Mission, KS**

City & State

**Shawnee Mission, KS**

4. FEI Number

**44-0641314**

Applied For

Not Applicable

Zip

Country

**66205**

**US**

Zip

**66201-1346**

Country

**US**

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. 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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **WILKERSON, WILLIAM R III**  
CITY-ST-ZIP **3810 W. 68TH ST.  
MISSION HILLS KS 66028**

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **DUNN, FREDERICK P**  
CITY-ST-ZIP **9401 MANOR RD.  
LEAWOOD KS 66206**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **CASTOR, L'MITCHELL**  
CITY-ST-ZIP **11335 JARBOE  
KANSAS CITY MO 64114**

TITLE ☐ Delete  
NAME **EVPD**  
STREET ADDRESS **ALLAN, DANIEL R**  
CITY-ST-ZIP **7352 HUNT CLUB LN.  
SEMINOLE FL 33646**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **WILKERSON, WILLIAM P IV**  
CITY-ST-ZIP **4317 WEST 63RD ST.  
PRAIRIE VILLAGE KS 66208**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **BAYLOR, JOHANNA**  
CITY-ST-ZIP **4142 ADAMS ST.  
KANSAS CITY KS 66103**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Paula J. Taylor**  
CITY-ST-ZIP **10805 West 60th Street  
Shawnee, KS 66203**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paula J. Taylor, Secretary**

**April 29, 2003**

Date

Daytime Phone

CR2E034 (10/02)