

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006432

1. Entity Name

REMEDIATION SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90417 044 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 587
INDEPENDENCE KS 67301

P.O. BOX 587
INDEPENDENCE KS 67301-0587

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **48-1127323**

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, 2000 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 PD ☐ Delete
NAME SHERWOOD, GRANT V
STREET ADDRESS 501 N. PENN
CITY-ST-ZIP INDEPENDENCE KS 67301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2735 S. 10th St.
CITY-ST-ZIP Independence, KS 67301

TITLE VD ☐ Delete
NAME GILLMAN, JOHN R
STREET ADDRESS 501 N. PENN
CITY-ST-ZIP INDEPENDENCE KS

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2735 S. 10th St.
CITY-ST-ZIP Independence, KS 67301

TITLE VD ☐ Delete
NAME HOLUM, WAYNE D
STREET ADDRESS 501 N. PENN
CITY-ST-ZIP INDEPENDENCE KS

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2735 S. 10th St.
CITY-ST-ZIP Independence, KS 67301

TITLE STD ☐ Delete
NAME DEFEVER, JOHN S
STREET ADDRESS 501 N. PENN
CITY-ST-ZIP INDEPENDENCE KS 67301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2735 S. 10th St.
CITY-ST-ZIP Independence, KS 67301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

W. D. Holum VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000
Date

(316) 331-1200
Daytime Phone #