

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 639882

1. Entity Name
GAIL D. DECROES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90055 036 ***150.00

Principal Place of Business

5444 BAY CENTER DRIVE
~~P.O. BOX #215~~
TAMPA FL 33609

Mailing Address

5444 BAY CENTER DRIVE
~~P.O. BOX #215~~
TAMPA FL 33609

705814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite #215

Suite, Apt. #, etc.

Suite #215

City & State

City & State

4. FEI Number 59-1941117

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

DECROES, GAIL D.

~~5444 BAY CENTER DR #215~~

~~SUITE 221~~

TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

5444 BAY CENTER DR #215

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 PD
NAME DECROES, GAIL D.
STREET ADDRESS 5444 BAY CENTER DR
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5444 BAY CENTER DR #215
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)