

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90083 039 ***150.00

DOCUMENT # G27697

1. Entity Name
R & B GALE CORP.

Principal Place of Business
5609 E. HILLSBOROUGH AVE.
TAMPA FL 33610-5414

Mailing Address
5609 E. HILLSBOROUGH AVE.
TAMPA FL 33610-5414

C0009512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2271963

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

KRANENDONK, GARY
5609 E. HILLSBOROUGH AVE.
TAMPA FL 33610-5414

Name KRANENDONK, JAMES
Street Address (P.O. Box Number is Not Acceptable) 5609 E. HILLSBOROUGH AVE.
City TAMPA FL Zip Code 33610-5414

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 *James Kranendonk* JAMES KRANENDONK, Pres. 1/15/01
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 S	NAME KRANENDONK, AMY	<input type="checkbox"/> Delete
STREET ADDRESS 1943 REVOLUTIONARY COURT		
CITY-ST-ZIP PHOTNIXVILLE PA		
TITLE PD	NAME KRANENDONK, BARBARA A.	<input type="checkbox"/> Delete
STREET ADDRESS 1818 STAYSAIL DR		
CITY-ST-ZIP VALRICO FL		
TITLE PD	NAME KRANENDONK, GARY	<input type="checkbox"/> Delete
STREET ADDRESS 3180 LAKE SAXON DR		
CITY-ST-ZIP LAN-O-LAKES FL		
TITLE VTD	NAME KRANENDONK, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS 4760 BRITTANY DR S #120		
CITY-ST-ZIP ST PETERSBURG FL		
TITLE CD	NAME KRANENDONK, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS 4760 BRITTANY DR. S #170		
CITY-ST-ZIP ST PETERSBURG FL		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE S	NAME KRANENDONK, AMY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 711 WOODCREST C.		
CITY-ST-ZIP RADNER PA 19087		
TITLE PD	NAME KRANENDONK, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4760 BRITTANY DR. S. #120		
CITY-ST-ZIP ST. PETERSBURG, FL.		
TITLE VD	NAME KRANENDONK, GARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1818 STAYSAIL DR.		
CITY-ST-ZIP VALRICO FL		
TITLE PD	NAME KRANENDONK, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3180 LAKE SAXON DR.		
CITY-ST-ZIP LAN-O-LAKES FL		
TITLE CD	NAME KRANENDONK, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4760 BRITTANY DR. S. #120		
CITY-ST-ZIP ST PETERSBURG FL		
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: *Robert Kranendonk C.F.O.* ROBERT KRANENDONK 1/15/01 813625497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)