

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90192 016 \*\*\*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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2271963**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**JAMES KRANENDONK**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**1/24/02**  
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, 2002 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 ☐ Delete  
NAME **S**  
STREET ADDRESS **KRANENDONK, AMY**  
CITY-ST-ZIP **711 WOODERER ST.  
RADNER PA 19087**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **KRANENDONK, BARBARA A.**  
CITY-ST-ZIP **4760 BRITTANY DR. S. #120  
ST. PETERSBURG FL**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **KRANENDONK, GARY**  
CITY-ST-ZIP **1818 STAYSAIL DR.  
VALRICO FL**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **KRANENDONK, JAMES**  
CITY-ST-ZIP **3180 LAKE SAXON DR.  
LAND O LAKES FL**

TITLE ☐ Delete  
NAME **CD**  
STREET ADDRESS **KRANENDONK, ROBERT**  
CITY-ST-ZIP **4760 BRITTANY DR. S #170  
ST PETERSBURG FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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: [Signature] ROBERT KRANENDONK CEO. 1/24/02 (813) 6235478**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)