

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90300 049 ***158.75

DOCUMENT # H63762

1. Entity Name

GLENDAL CONTRACTING CO., INC.

Principal Place of Business

Mailing Address

**3404 FORELOCK DR
 TARPON SPRINGS FL 34689
 US**

**3404 FORELOCK ROAD
 TARPON SPRINGS FL 34689-9042
 US**

602252



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 **59-2547095**

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

**SENDKER, RICHARD A.
 3404 FORELOCK DR
 TARPON SPRINGS FL 34689**

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 **SD** ☐ Delete
 NAME **SENDKER, PATRICIA O.**
 STREET ADDRESS **3404 FORELOCK DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **PCTD** ☐ Delete
 NAME **SENDKER, RICHARD A.**
 STREET ADDRESS **3404 FORELOCK DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **VD** ☐ Delete
 NAME **SENDKER, KEVIN R.**
 STREET ADDRESS **1805 GREENWOOD DR.**
 CITY-ST-ZIP **OLDSMAR FL**

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

TITLE **V** ☒ Delete
 NAME **BOWLES, CLIFF**
 STREET ADDRESS **3404 FORELOCK DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **VDO** ☐ Delete
 NAME **RUTIG, FRANK**
 STREET ADDRESS **3404 FORELOCK DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **V/D** ☒ Change ☐ Addition
 NAME **RUTIG, FRANK**
 STREET ADDRESS **3404 Forelock Rd.**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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:

Richard A Sendker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A SENDKER

1/10/00

727 9444444
 Daytime Phone #

CR2E034 (9/99)