

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36289

1. Entity Name

CHRIS RANDLE KENNEL, INC.

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90061 048 \*\*\*150.00

Principal Place of Business

7 EASTWARD DRIVE  
LINCOLN RI 02865

Mailing Address

7 EASTWARD DRIVE  
LINCOLN RI 02865

00029753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1776 Bicentennial Way

Suite, Apt. #, etc.

#3H

City & State

North Providence RI

Zip

02911

Country

3. Mailing Address

1776 Bicentennial Way

Suite, Apt. #, etc.

#3H

City & State

North Providence RI

Zip

02911

Country

4. FEI Number

59-2983270

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSS, R S  
108 N MAGNOLIA AVE  
SUITE 101  
OCALA FL 34475

7. Name and Address of New Registered Agent

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
RANDLE, CHRIS  
7 EASTWARD DR  
LINCOLN RI  
1776 Bicentennial Way  
#3H  
North Providence RI  
02911

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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)