

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90852 034 ***150.00

05/25/01 AT

DOCUMENT # L36289

1. Entity Name
CHRIS RANDLE KENNEL, INC.

Principal Place of Business
1776 BICENTENNIAL WAY
3H
NORTH PROVIDENCE RI 02911

Mailing Address
1776 BICENTENNIAL WAY
3H
NORTH PROVIDENCE RI 02911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 Lennox Rd W
 Suite, Apt. #, etc.

3. Mailing Address
1001 Lennox Rd W
 Suite, Apt. #, etc.

City & State
FL

City & State
Palm Harbor

4. FEI Number
59-2983270

Applied For
 Not Applicable

Zip
34683

Country
US

Zip
34683

Country
US

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 Applicable)
 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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RANDLE, CHRIS 1776 BICENTENNIAL WAY # 3H NORTH PROVIDENCE RI 02911	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4-12-02 **727 9587050**
 Date Daytime Phone #

CR2E034 (9/01)