

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90265 025 \*\*\*150.00

**DOCUMENT # L36289**

1. Entity Name  
**CHRIS RANDLE KENNEL, INC.**



Principal Place of Business  
**1001 LENNOX RD. WEST  
PALM HARBOR FL 34683**

Mailing Address  
**1001 LENNOX RD. WEST  
# 3H  
PALM HARBOR FL 34683**



2. Principal Place of Business  
**110 Crossing Drive**

3. Mailing Address  
**110 Crossing Drive**

Suite, Apt. #, etc.  
**Apt # 302**

Suite, Apt. #, etc.  
**Apt # 302**

City & State  
**Cumberland, RI**

City & State  
**Cumberland, RI**

Zip  
**02864**

Country  
**USA**

Zip  
**02864**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>RANDLE, CHRIS</b>	
STREET ADDRESS	<b>1770 BICENTENNIAL WAY # 3H</b>	
CITY-ST-ZIP	<b>NORTH PROVIDENCE RI 02911</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>110 Crossing Drive #302</b>	
CITY-ST-ZIP	<b>Cumberland, RI 02864</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 2/12/03 X 401 475-3501**  
Date Daytime Phone #