

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90369 033 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000096769

1. Entity Name
GENDRON RETAIL, INC.

Principal Place of Business
440 S GULFVIEW BLVD. #303 NORTH
CLEARWATER FL 33767

Mailing Address
440 S GULFVIEW BLVD. #303 NORTH
CLEARWATER FL 33767

2. Principal Place of Business
440 S. Gulfview Blvd

3. Mailing Address
30 Exchange Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

902

City & State
Clearwater FL

City & State
Portland, ME

4. FEI Number
59-3750043

☐ Applied For
☐ Not Applicable

Zip
33767

Country

Zip
04101

Country
USA

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

McFADDEN, MICHAEL K
200 CLEARWATER-LARGO RD SOUTH
LARGO FL 33770

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

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 **D** ☐ Delete
NAME **GENDRON, RICHARD N**
STREET ADDRESS **440 S GULFVIEW BLVD, #303 NORTH**
CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02 207-650-0001
Date Daytime Phone #

CR2E034 (9/01)