

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90011 043 \*\*\*150.00

**DOCUMENT # P96000000415**

1. Entity Name

**GLORIA RECTOR VESSEL DOCUMENTATION, INC.**

Principal Place of Business

1315 VALLEY HILL DRIVE  
 LAKELAND FL 33813  
 US

Mailing Address

13910 NORTH DALE MABRY HWY.  
 SUITE ONE  
 TAMPA FL 33618-2440  
 US

2. Principal Place of Business

3. Mailing Address

*3355 Bearss Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Tampa, Florida*

Zip

Country

Zip

*33618*

Country

4. FEI Number

**59-3355953**

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

**SANDERS, WALTER**  
**13910 N. DALE MABRY HWY.**  
**SUITE ONE**  
**TAMPA FL 33618**

Name

*Walter Sanders*

Street Address (P.O. Box Number is Not Acceptable)

*3355 Bearss Avenue*

City

*Tampa*

FL

Zip Code

*33618*

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

*Walter Sanders* *Walter Sanders*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/3/00*

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	PST	<input type="checkbox"/> Delete
NAME	BEALE, JANE	
STREET ADDRESS	1315 VALLEY HILL DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marguerite T. Hudson	
STREET ADDRESS	1315 Valley Hill Drive	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	Sec. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John E. Beale	
STREET ADDRESS	1315 Valley Hill Drive	
CITY-ST-ZIP	Lakeland, FL 33813	
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		

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:

*John E. Beale*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-6-00*

Date

*863-644-5536*

Daytime Phone #