

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90830 028 ***150.00

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DOCUMENT # P990000080611

1. Entity Name
PENTAGAL, INC.



Principal Place of Business
**8802 MAGNOLIA CT
SEMINOLE FL 33777**

Mailing Address
**8802 MAGNOLIA CT
SEMINOLE FL 33777**

2. Principal Place of Business
445 LAUGHING GULL LANE
Suite, Apt. #, etc.

3. Mailing Address
445 LAUGHING GULL LANE
Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number **59-3592878**

Applied For
Not Applicable

Zip **34683** Country **U.S.A**

Zip **34683** Country **U.S.A**

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

**GALINDO, FRANK
8802 MAGNOLIA CT
SEMINOLE FL 33777**

Name **JAIME GALINDO**

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

445 LAUGHING GULL LANE

City **PALM HARBOR FL** Zip Code **34683**

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 *Jaime Galindo*

JAIME GALINDO

4-20-03

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 **PDC** ☐ Delete
NAME **GALINDO, JAIME SR**
STREET ADDRESS **3148 MAY ROSE CIRCLE**
CITY-ST-ZIP **RENO NV 89502**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **445 LAUGHING GULL LANE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **S** ☐ Delete
NAME **GALINDO, DANETH**
STREET ADDRESS **3148 MAY ROSE CIRCLE**
CITY-ST-ZIP **RENO NV 89502**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **445 LAUGHING GULL LANE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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:

Jaime Galindo

JAIME GALINDO

4-20-03 (727) 771-7470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)