## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 14, 2002 8:00 am Secretary of State DOCUMENT # 212069 1. Entity Name 02-14-2002 90027 017 \*\*\*150.00 GLADES EQUIPMENT CO., INC. Principal Place of Business Mailing Address 666 SE FIFTH STREET 666-SE-FIFTH-STREET BELLE GLADE FL 33430 BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address P.O.BOX 257 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-0836687 Rushville, IL 62681-0257 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 62681-0257 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, JOHN E ESQ Street Address (P.O. Box Number is Not Acceptable) 257 SE AVENUE "E" **BELLE GLADE FL 33430** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax ling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE Delete · DPST · NAME NAME STRONG.BRINES STREET ADDRESS STREET ADDRESS 666 SE FIFTH STREET CITY-ST-ZIP CITY-ST-ZIP **BELLE GLADE FL 33430** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STRONG, CUTHBERT M STREET ADDRESS STREET ADDRESS 666 SE FIFTH STREET CITY-ST-ZIP CITY-ST-7IP BELLE GLADE FL 33430 TITLE TITLE Delete Đ-NAME NAME BAKER, JOHN E STREET ADDRESS STREET ADDRESS -257-SE AVENUE 'E' CITY-ST-ZIP CITY-ST-ZIP BELLE-GLADE-FL-33430-☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

President

01/28/2002

changed, or on an attachme

SIGNATURE:

561-914-0711

Daytime Phone #

**FILED**