

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 392597

1. Entity Name

EAST GLADES ELECTRIC CO.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90060 002 ***150.00

Principal Place of Business

3878 PROSPECT AVE
STE 10
RIVIERA BEACH FL 33404

Mailing Address

3878 PROSPECT AVE
STE 10
RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

DRAKE, RONDEL
6700 SW 97 AVE
MIAMI FL 33173

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

Signature of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PD ☐ Delete
NAME DRAKE, RONDEL
STREET ADDRESS 6700 SW 97TH AVE.
CITY-ST-ZIP MIAMI FL 33173

TITLE STD ☐ Delete
NAME DRAKE, PATRICIA
STREET ADDRESS 6700 SW 97TH AVE.
CITY-ST-ZIP MIAMI FL 33173

TITLE VP ☐ Delete
NAME BRITAN, CINDY
STREET ADDRESS 9350 S. DIXIE HWY. 4030 GRAYMARE WAY
CITY-ST-ZIP MIAMI FL WELLINGTON, FL 33414

TITLE VP ☐ Delete
NAME DRAKE, GLEN
STREET ADDRESS 16684-77 LANE N
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BRITAN, CINDY ☒ Change ☐ Addition
NAME 4030 GRAYMARE WAY
STREET ADDRESS WELLINGTON, FL 33414
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)