

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0382174 AV

DOCUMENT # G19950

1. Entity Name
REDISH-GLADES INSURANCE AGENCY, INC.

02-05-2002 90030 013 ***150.00

Principal Place of Business
% RICKY R. REDISH
300 SOUTH BOND
CLEWISTON FL 33440

Mailing Address
% RICKY R. REDISH
300 SOUTH BOND
CLEWISTON FL 33440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2245158

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REDISH, ERNEST R
300 SOUTH BOND STREET
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name **Ricky R Redish**
Street Address (P.O. Box Number is Not Acceptable) **306 Bond St**
City **Clewiston** **FL** **Zip Code** **33440**

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, typed 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **REDISH, ELNORA T.**
STREET ADDRESS **300 S BOND ST**
CITY-ST-ZIP **CLEWISTON, FL 00000**

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

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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
Elmora Redish

Date

Daytime Phone #

1-17-02 **863-983-3133**

CR2E034 (9/01)