

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -8 PM 4:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000021977

1. Entity Name

GLADES FARMS LLC

Principal Place of Business

417 WEST SUGARLAND HWY.
CLEWISTON FL 33440

Mailing Address

417 WEST SUGARLAND HWY.
CLEWISTON FL 33440

2. Principal Place of Business

P O BOX 70

3. Mailing Address

P O BOX 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEWISTON FL

City & State

CLEWISTON FL

Zip

33440

Country

HENDRY

Zip

33440

Country

HENDRY

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, ANTONIO R ESQUIRE
417 WEST SUGARLAND HWY.
CLEWISTON FL 33440

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Managing Member	Alva J. Mickler, JR.	417 W. Sugarland Hwy.	Clewiston, FL 33440	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Alva J. Mickler, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED Alva J. Mickler, Jr. 10/1/02 863-983-2900
Date Daytime Phone #

CR2E083 (4/02)