200 1	i uniform busi	ness repoi	rt (UBR))		LED 2001 8.00	n am	962964
DOCUMENT # M82009 1. Entity Name					May 21, 2001 8:00 am Secretary of State			
GLADES	MUSIC OF SOUTH FLORIDA	, INC.			05-21-2001 90.	36 8 017 ***550.0	00	
Principal Plac	e of Business	Mailing Address						
215 E MAIN ST PAHOKEE FL 33476 US		P.O. BOX 577 % THOMAS W. BIRD, JR. P.O. BOX 1266 PAHOKEE FL 33476 US			1 10018611 AUT 10118 11011 00118 00118	D)) DIZII ZEDII DIZII ZEDII DIZI	16 0 (02) (0 2)	
2. Principal Place of Business 1307 N. PARROTTAVE		3. Mailing Address P.O. Box 1809						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
O Fity & State obee, FL		Okeecho Bee, FL		4 . F	4. FEI Number 65-0058703 Applied For Not Applicable			
34976	Country	3 ^{Zip} 34973	CountrUSA	e 5. 0	ertificate of Status Desired	S8.75 Add Fee Require		
<u> </u>	6. Name and Address of Current F	Registered Agent		7. N	ame and Address of New Re	gistered Agent		1
BIRD, THOMAS W JR 2031 VISTA DR.		The second secon		oMA5 ess (P.O. Bo	DX Number is Not Acceptable)			
JUNG) BEACH FL 33408	•	2057	DN M	REACH	FL ZpSpd	408	-
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or reg	gistered age	ent, or both, in the State of Flori		1-0	1
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature re	equired when rei	nstating)	DATE		
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			Election Campaign Fina Trust Fund Contribution.		0 May Be I to Fees	
11. OFFICERS AND DIRECTORS		12.		DITIONS/CHANGES TO OFFIC]_	
TITLE NAME STREET ADDRESS	PD BIRD, THOMAS W JR. 2031 VISTA DR.	☐ Delete	NAME 2	1057 V	THOMAS W. JR ISTA DR.		☐ Addition	CR2E034 (10/00
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP		PALM BEACH,			\SEC
TITLE NAME	ST BIRD, DIANNE H.	☐ Delete	TITLE NAME STREET ADDRESS	31RP/ 1051	DIANNE H. VISTA DR	Change	☐ Addition	5
STREET ADORESS CITY-ST-ZIP	2031 VISTA DR JUNO BCH FL		CITY-ST-ZIP	ORTH	PALM BEACH,	FL 33408	?	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS		•	☐ Change -	☐ Addition	
CITY-ST-ZIP			CITY-ST-ZIP				Additio-	-
NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition	-

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 redever 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 attach rept with an address, with all other life empowered.

SIGNATURE:

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

5/10/0/(863)824-0780
Dayting Florie #

☐ Change

Addition