

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90152 043 ***550.00

DOCUMENT # M82009

1. Entity Name

GLADES MUSIC OF SOUTH FLORIDA, INC.

Principal Place of Business

**1307 N PARROTT AVENUE
 OKEECHOBEE FL 34972
 US**

Mailing Address

**P.O. BOX 1809
 OKEECHOBEE FL 34973
 US**

2. Principal Place of Business

5295 Hwy. 441 S.E.

3. Mailing Address

5295 Hwy 441 SE

Suite, Apt. #, etc.

OKEECHOBEE

Suite, Apt. #, etc.

OKEECHOBEE

City & State

FL

City & State

FL

4. FEI Number

65-0058703

Applied For

Not Applicable

Zip

34974

Country

USA

Zip

34974

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BIRD, THOMAS W JR
 2057 VISTA DRIVE
 NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	<input type="checkbox"/> Delete
NAME	BIRD, THOMAS W JR.	
STREET ADDRESS	2057 VISTA DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BIRD, DIANNE H.	
STREET ADDRESS	2057 VISTA DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas W. Bird*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/02 863 824 0700
 Date Daytime Phone #

CR2E034 (4/02)