2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001640

Entity Name: GLADES ARTISANS, INC.

FILED Sep 04, 2002 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 401 SE 2ND STREET 1100 N MAIN ST BELLE GLADE, FL 33430 SUITE 103 BELLE GLADE, FL 33430 **Current Mailing Address:** New Mailing Address: 401 SE 2ND STREET 1100 N MAIN ST BELLE GLADE, FL 33430 SUITE 103 BELLE GLADE, FL 33430 FEI Number: 61-1402783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARRAR, ELIZABETH FARRAR, ELIZABETH 401 SE 2ND STREET 1100 N MAIN ST BELLE GLADE, FL 33430 SUITE 103 BELLE GLADE, FL 33430 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: ELIZABETH FARRAR 09/04/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition PALOMO, SILVYA Name: Name: Address: Address: 1108 1/2 WEDGEWORTH RD City-St-Zip: City-St-Zip: BELLE GLADE, FL 33430 Title: Title: () Change (X) Addition () Delete HILL, ANNIEPEARL Name: Name: Address: Address: 601 S.W. 13TH ST City-St-Zip: City-St-Zip: BELLE GLADE, FL 33430 Title: () Delete Title: () Change (X) Addition Name: HILL, DAVID Name: 601 S.W. 13TH ST Address: Address: City-St-Zip: City-St-Zip: BELLE GLADE, FL 33430 Title: () Delete Title: () Change (X) Addition Name: Name: ADAMS, CHARLES 200 DOROTHY G. WILLFORD CIR. Address: Address: City-St-Zip: City-St-Zip: BELLE GLADE, FL 33430 Title: () Delete Title: () Change (X) Addition LOVE, LUCILLE Name: Name: 220 34TH ST Address: Address: WEST PLAN BEACH, FL 33407 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MERCER, SANDRA Name: Name: Address: Address: P.O. BOX 203 BELLE GLADE, FL 33438 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVYA PALOMO D 09/04/2002