

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90456 040 \*\*\*\*70.00

**DOCUMENT # N01000001640**

1. Entity Name

**GLADES ARTISANS, INC.**



Principal Place of Business

**1100 N MAIN ST  
SUITE 103  
BELLE GLADE FL 33430**

Mailing Address

**1100 N MAIN ST  
SUITE 103  
BELLE GLADE FL 33430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-1402783**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARRAR, ELIZABETH  
1100 N MAIN ST  
SUITE 103  
BELLE GLADE FL 33430**

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **PALOMO, SILVIA**  
STREET ADDRESS **1108 1/2 WEDGEWORTH RD**  
CITY-ST-ZIP **BELLE GLADE FL 33430**

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

TITLE **D** ☐ Delete  
NAME **HILL, ANNIEPEARL**  
STREET ADDRESS **601 S.W. 13TH ST**  
CITY-ST-ZIP **BELLE GLADE FL 33430**

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

TITLE **T** ☐ Delete  
NAME **HILL, DAVID**  
STREET ADDRESS **601 S.W. 13TH ST**  
CITY-ST-ZIP **BELLE GLADE FL 33430**

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

TITLE **C** ☐ Delete  
NAME **ADAMS, CHARLES**  
STREET ADDRESS **200 DOROTHY G. WILLFORD CIR.**  
CITY-ST-ZIP **BELLE GLADE FL 33430**

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

TITLE **V** ☐ Delete  
NAME **LOVE, LUCILLE**  
STREET ADDRESS **220 34TH ST**  
CITY-ST-ZIP **WEST PLAN BEACH FL 33407**

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

TITLE **S** ☒ Delete  
NAME **MERCER, SANDRA**  
STREET ADDRESS **P.O. BOX 203**  
CITY-ST-ZIP **BELLE GLADE FL 33438**

TITLE **D** ☐ Change ☒ Addition  
NAME **Police MAWLYN**  
STREET ADDRESS **200 Glades Diamond**  
CITY-ST-ZIP **Belle Glade FL 33430**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

4-18-03 5619966682

CR2E037 (10/02)