

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000049980****1. Entity Name**
GLADES PROPERTY SERVICES, INC.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90178 027 ***150.00

Principal Place of Business**848 W. VENTURA AVE.**
CLEWISTON FL 33440**Mailing Address****848 W. VENTURA AVE.**
CLEWISTON FL 33440**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address**205 SO. W.C. OWEN AVE.**

Suite, Apt. #, etc.

City & State
CLEWISTON, FLZip
33440

Country

4. FEI Number **65-1014908**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

B0024474**6. Name and Address of Current Registered Agent****YAUN, JOHN A**
848 W. VENTURA AVE.
CLEWISTON FL 33440**7. Name and Address of New Registered Agent****CHRISTOPHER H. SHUPE**

Street Address (P.O. Box Number is Not Acceptable)

205 SO. W.C. OWEN AVE.City
CLEWISTONFL Zip Code
33440**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.**

SIGNATURE

CHRISTOPHER H. SHUPE
PRESIDENT

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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete
NAME **YAUN, JOHN A**
STREET ADDRESS **848 W. VENTURA AVE.**
CITY-ST-ZIP **CLEWISTON FL 33440****TITLE** **P** ☐ Delete
NAME **SHUPE, CHRISTOPHER H**
STREET ADDRESS **205 W C OWEN**
CITY-ST-ZIP **CLEWISTON FL 33440****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER H. SHUPE
PRESIDENT**(863) 983-6181**

Date

Daytime Phone #

CR2E034 (9/01)