

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000070557**1. Entity Name
GLADES LANDFILL CORPORATION**Principal Place of Business**C/O EDWARDS & ANGELL, LLP
250 ROYAL PALM WAY SUITE 300
PALM BEACH
33480

FL

Mailing AddressC/O EDWARDS & ANGELL, LLP
250 ROYAL PALM WAY SUITE 300
PALM BEACH
33480

FL

2. Principal Place of Business
C/O EDWARDS & ANGELL, LLP3. Mailing Address
C/O EDWARDS & ANGELL, LLPSuite, Apt. #, etc.
ONE NORTH CLEMATIS STREET, SUITE 400Suite, Apt. #, etc.
ONE NORTH CLEMATIS STREET, SUITE 400City & State
WEST PALM BEACH

FL

City & State
WEST PALM BEACH

FL

Zip
33401

Country

Zip
33401

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY SUITE 300PALM BEACH
33480

US

FL

7. Name and Address of New Registered Agent

Name

ANGELL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
ONE NORTH CLEMATIS STREET, SUITE 4000City
WEST PALM BEACH

FL

Zip Code
33401

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 **JONATHAN E. COLE, PRESIDENT****05/01/2001**

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, 2001 Fee will be \$550.00****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**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH BEM
STREET ADDRESS	2565 68TH STREET, S.W.
CITY-ST-ZIP	NAPLES FL 34105
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: BEM.SMITH

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)