2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # P00000113159 1. Entity Name GLADES ECONOMIC INVESTORS, INC. 05-02-2002 90154 036 ***150.00 Principal Place of Business Mailing Address 1190 US HWY 27 E 1190 US HWY 27 E MOORE HAVEN FL 33871 MOORE HAVEN FL 33871 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For HINEN noons 65-1067614 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, ANDREW B Street Address (P.O. Box Number is Not Acceptable) 150 N COMMERCE ACE SEBRING FL 33870 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F Delete TITLE ☐ Change ☐ Addition NAME TODD, JR., L T NAME STREET ADDRESS 1190 US HWY 27 EAST STREET ADDRESS CITY-ST-ZIP MOORE HAVEN FL 33471 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BREWINGTON, JEFF NAME STREET ADDRESS 1190 US HWY 27 EAST STREET ADDRESS CITY-ST-ZIP MOORE HAVEN FL 33471 CITY-ST-ZIP -TITLE: Delete TITLE Change ☐ Addition NAME HENDERSON, RUSSELL NAME STREET ADDRESS 1190 US HWY 27 EAST STREET ADDRESS CITY-ST-ZIP MOORE HAVEN FL 33471 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BIRGE, WALLY NAME STREET ADDRESS 1190 US HWY 27 EAST STREET ADDRESS CITY-ST-ZIP **MOORE HAVEN FL 33471** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DRAKE, JOHN NAME STREET ADDRESS 1190 US HWY 27 EAST STREET ADDRESS CITY-ST-ZIP MOORE HAVEN FL 33471 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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

CITY-ST-ZIP

SIGNATURE

TURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR