

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90053 039 \*\*\*150.00

<b>DOCUMENT #</b> P02000090732	2005
<b>1. Entity Name</b>  GLADDEN CORPORATION	

**DO NOT WRITE IN THIS SPACE**

40055156

<b>2. Principal Place of Business</b> 7400 SW 7TH STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7400 SW 7TH STREET Suite, Apt. #, etc.	
<b>City &amp; State</b> PLANTATION, FL		<b>City &amp; State</b> PLANTATION, FL	
<b>Zip</b> 33317	<b>Country</b> USA	<b>Zip</b> 33317	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 22-3865368	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name JOHN T. FAULKENBERRY	
Street Address (P.O. Box Number is Not Acceptable) 7400 SW 7TH STREET	
<b>City</b> PLANTATION	<b>FL</b> <b>Zip Code</b> 33317

**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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25.**

**9. Election Campaign Financing** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JOHN T. FAULKENBERRY 7400 SW 7TH STREET PLANTATION, FL. 33317
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**11.**

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IN THIS SPACE**

**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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*John Faulkenberry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/05

954  
791-9644