

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000094036**

1. Entity Name  
**GLADES AUTO SERVICE AND SALES, INC.**



Principal Place of Business  
**1208 N.W. AVENUE L  
BELLE GLADE FL 33430**

Mailing Address  
**1208 N.W. AVENUE L  
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 **65-0758462**  Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CABRERA, NELSON  
1208 N.W. AVENUE L  
BELLE GLADE FL 33430**

Name **FL** Zip Code  
Street Address (P.O. Box Number is Not Acceptable)  
City

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

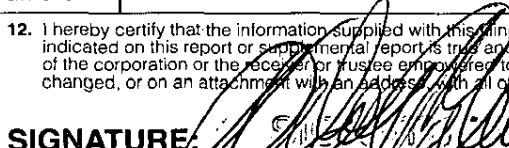
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CABRERA, NELSON 18 N.E. AVENUE I BELLE GLADE FL 33430</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**  **REQUIRED**

SIGNATURE AND TILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03 (561) 593-0310

Daytime Phone #

9869630  
AV

**FILED  
Apr 17, 2003 8:00 am  
Secretary of State**

04-17-2003 90137 020 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)