

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P97000059801

1. Entity Name

GLADES/ROX CORP.



03 SEP -5 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT**

2. Principal Place of Business

17152 Mandylynn Court

Suite, Apt. #, etc.

3. Mailing Address

17152 Mandylynn Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

22-3589436

Applied For

Not Applicable

Zip

33496

Country

Palm Beach

Zip

33496

Country

Palm Beach

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Company of Miami

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

201 South Biscayne Blvd.

City

Miami,

FL

Zip Code

33131

**DO NOT WRITE  
IN THIS SPACE**

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

*John J. Mann, V.P.*

8-18-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Jane Yudell  
17152 Mandylynn Court  
Boca Raton, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500022889885  
09/09/03-01081-012 \*\*\$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500022889885  
09/09/03-01081-013 \*\*\$158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DO NOT WRITE  
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:

*Jane Yudell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/03 (561)

Date

Daytime Phone #

CR2E034B (12/02)

7/5/5