

DOCUMENT # P98000018157

1. Entity Name

GLADES LOGISTICS, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90018 026 ***550.00

Principal Place of Business

1132 NW 9TH
BELLE GLADE FL 33430

Mailing Address

PO BOX 1565
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 65-0814230

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITTENTON, KATHERINE S

1132 NW 9TH ST 12970 Dartford Trail #2
BELLE GLADE FL 33430 Wellington, FL 33414

Name

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

City

FL

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HINES, JAMIE S**
 STREET ADDRESS **873 SE AVE H PLACE**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WHITTENTON, KATHERINE S**
 STREET ADDRESS **509 SE AVE. E.**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12970 Dartford Trail #2**
 CITY-ST-ZIP **Wellington, FL 33414**

TITLE **D** ☐ Delete
 NAME **WHITTENTON, KATHERINE S**
 STREET ADDRESS **1132 NW 9TH ST**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **HINES, KRISTEN S**
 STREET ADDRESS **873 SE AVENUE H PLACE**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/00 561-992-0314