

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90005 012 \*\*\*600.00

**DOCUMENT # P99000004127**

1. Entity Name

**GLADES TRANSPORT, INC.**

Principal Place of Business

1132 NW 9TH ST.  
 BELLE GLADE FL 33430

Mailing Address

1132 NW 9TH ST.  
 BELLE GLADE FL 33430

2. Principal Place of Business

4726 Commercial Blvd

3. Mailing Address

Same

City & State

Bartow, FL

City & State

Bartow, FL

4. FEI Number

65-0814230

Applied For

Not Applicable

Zip

33430

Country

Polk

Zip

Polk

Country

Polk

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

Name

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

City

FL

Zip Code

WHITTENTON, KATHERINE S  
 12970 DARTFORD TRAIL #2  
 WELLINGTON FL 33414

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 12, 2001 Fee 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

TITLE ☐ Delete  
 NAME DP  
 STREET ADDRESS HINES, JAMIE S  
 CITY-ST-ZIP 1132 NW \*9TH STREET  
 BELLE GLADE FL 33430

TITLE ☐ Delete  
 NAME DVP  
 STREET ADDRESS HINES, KRISTEN  
 CITY-ST-ZIP 1132 NW 9TH STREET  
 BELLE GLADE FL 33430

TITLE ☐ Delete  
 NAME DS  
 STREET ADDRESS WHITTENTON, KATHERINE S  
 CITY-ST-ZIP 12970 DARTFORD TRAIL #2  
 WELLINGTON FL 33414

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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:

KATHERINE WHITTENTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/01 561-992-0314

CP25034 (5/01)