

2000 UNIFORM BUSINESS REPORT (UBR)

4/1/22/11 4/1

DOCUMENT # P99000025156

1. Entity Name

MCGLADE DEVELOPMENT, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

04-22-2000 90041 033 ***150.00

Principal Place of Business 802 N. TOPAZ AVE. KEY LARGO FL 33007	Mailing Address 802 N. TOPAZ AVE. KEY LARGO FL 33007-3847
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

65-1024294

4. FEI Number <i>Applied For</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75, Additional Fee Required

6. Name and Address of Current Registered Agent MARDER, MARK A PENTHOUSE FIVE 9400 S. DADELAND BLVD. MIAMI, FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Sally Mc Glade* (NOTE: Registered Agent signature required when remaining) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Sally Mc Glade Pres.</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Same as above</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Lita Mc Glade v.p.</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Same address</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

Still have no received the FEI number for reapplying

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 persons empowered.

SIGNATURE: *Sally Mc Glade* **FILED** *4-17-00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (9/99)

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date: 5-5-99

0716

Tele-Tin Number: 770-455-2360

Fax Number: 678-530-6156

Sally M'Glade
802 N. Topaz Ave
Key Largo, FL 33037

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
 - A. Corporation - President, Vice President, other principal officer or member of LLC.
 - B. Partnership - General partner or member of LLC.
 - C. Trust - Grantor/Trustor (if Grantor is deceased, need SSN of Trustee as well).
 - D. Estate - Decedent on line 8a.
 - E. Non-Resident/Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
 - F. Other - Owner, Sole Proprietor.
 - G. Copy of social security card (the name does not match the SSN on our records).
2. Mailing Address / Location Address of Business.
(Note: Address in 5a & 5b must be in same county and state indicated on line 6 of Form SS-4).
3. Business Operational Date on line 10 of Form SS-4.
 - A. Corporation - Date business started or acquired.
 - B. Partnership - Date partnership agreement went into effect.
 - C. Trust - Date trust was created or funded.
 - D. Estate - Date of death of the decedent.
 - E. Other - Date business or organization started.
4. Fiscal Year Month on line 11 of Form SS-4.
5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).
6. Telephone Number of Business on line 17c of Form SS-4.
7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate from your state of incorporation.

(over)