

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085469

1. Entity Name

GLADES PILEDRIVERS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90096 025 ***150.00

Principal Place of Business

1324 S. MAIN ST.
BELLE GLADE FL 33430

Mailing Address

1324 S. MAIN ST.
BELLE GLADE FL 33430-4914

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

65-0949116

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

HILL, HOWARD E
1324 S. MAIN ST.
BELLE GLADE FL 33430

Name CALVIN D. ALSTON

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

1324 S. MAIN ST

City Belle Glade

FL

Zip Code 33430

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

Calvin D. Alston

CALVIN D. ALSTON

2-29-00

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 \$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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	HILL, HOWARD E	
STREET ADDRESS	1324 S. MAIN ST.	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALSTON, CALVIN D	
STREET ADDRESS	1324 S. MAIN ST.	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TRIPP, LARUE	
STREET ADDRESS	1324 S. MAIN ST.	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Calvin D. Alston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CALVIN D ALSTON 2-29-00 561-996-4524

CR2E034 (9/99)