

2000 UNIFORM BUSINESS REPORT (UBR)

5/9

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

05-09-2000 90022 020 ***150.00

DOCUMENT # P99000109294

1. Entity Name

R-KADIUM, INC.

Principal Place of Business

Mailing Address

**5419 VINELAND RD.
 ORLANDO FL 32811**

**5419 VINELAND RD.
 ORLANDO FL 32811**

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

59-3614733

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

**KELLEY, JANET LEE
 5419 VINELAND RD.
 ORLANDO FL 32811**

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 \$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	PD	<input type="checkbox"/> Delete
NAME	BODE, ROBERT J	
STREET ADDRESS	5419 VINELAND RD.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROGNI, DOMINICA	
STREET ADDRESS	5419 VINELAND RD.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLEY, JANET LEE	
STREET ADDRESS	5419 VINELAND RD.	
CITY-ST-ZIP	ORLANDO FL 32811	
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		
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CITY-ST-ZIP		
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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: *Janet Lee Kelley* **Janet Lee Kelley**

4/25/00 **407 370-0469**
 Date Daytime Phone #

CR2000-0000