

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**  
 02-08-2001 90153 014 \*\*\*158.75

**DOCUMENT # G04716**

1. Entity Name  
**RAD-STAT, INC.**

Principal Place of Business  
**P.O. BOX 533**  
**ORANGE PARK FL 32067-0533**

Mailing Address  
**P.O. BOX 533**  
**ORANGE PARK FL 32067-0533**

2. Principal Place of Business  
**104 South Beach DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**104 South Beach DR.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Saint Augustine, FL**  
 Zip  
**32084**  
 Country  
**St. Johns**

City & State  
**Saint Augustine, FL**  
 Zip  
**32084**  
 Country  
**St. Johns**

4. FEI Number **65-0051635**

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**

**MERRITT, DAVID M.**  
**3567 KINGSTON HEATH COURT**  
**GREEN COVE SPRINGS FL 32043**

Name  
**MERRITT, DAVID M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**104 South Beach DR.**  
 City  
**Saint Augustine** **FL** Zip Code  
**32084**

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 David M. Merritt David M. Merritt 2-7-2001  
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, 2001 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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MERRITT, DAVID M.</b>	
STREET ADDRESS <b>3567 KINGSTON HEATH CT</b>	
CITY-ST-ZIP <b>GREEN COVE SPRINGS FL 32043</b>	
TITLE <b>TDVP</b>	<input type="checkbox"/> Delete
NAME <b>MERRITT, WILHEMENIA</b>	
STREET ADDRESS <b>3567 KINGSTON HEATH CT.</b>	
CITY-ST-ZIP <b>GREEN COVE SPRINGS FL 32043</b>	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MERRITT, DAVID M.</b>	
STREET ADDRESS <b>104 South Beach DR.</b>	
CITY-ST-ZIP <b>St. Augustine, FL 32084</b>	
TITLE <b>TDVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MERRITT, WILHEMENIA</b>	
STREET ADDRESS <b>104 South Beach DR.</b>	
CITY-ST-ZIP <b>St. Augustine, FL 32084</b>	
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	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2001 904-829-0661  
 Date Daytime Phone #

CR2E034 (10/00)