AMENDED

	UNIFURM BUSI	ME33 KEPU	ו חי	(UB	K)_				
DOCUMENT # G 04716 1. Entity Name									
RAD-STATI INC						FILED			
Principal Place of Business Mailing Address						01 MAR 26 PM 10: 29.			
	h Beach DR.	104 South Beach DR.				OFODETA BY OF STATE			
0/// 9 54.	s hive, FL 32084	51-Augustine, FL 32084			- 1	SECRETARY OF STATE TALLAHASSEE FLORIDA			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4.	FEI Number 605/635	 +-	Applied For Not Applicable	}
Zip	Country	Zip	Coun	try	5.	5. Certificate of Status Desired \$8.75 Addition Fee Required			
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Address of New Registered Agent			{	
MERRITT, DAVID M					Address (PO	dress (P.O. Box Number is Not Acceptable)			
104 South BEACH DR.				Sileei A	duless (F.O.	Box Number is Not Acceptable)			ļ
SAINT Augustine, FL 32084				City	FL Zip Code				
8. The above n	amed entity submits this statement for	the purpose of changing its	registere	ed office o	r registered a	gent, or both, in the State of Florida			
or mo aboro n	arriad artity addrine the statement for	and parpease or arranging ha		, a dilio di	. 109.0.0.0.0	gorin, or oosin, in the ottale or reside.		•	
SIGNATURE	gnature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signat	ture required when	reinstating)	DATE		1
9. This corpora	tion is eligible to satisfy its Intangible	FILE NOW!	I FEE	IS \$150:	eo 61.25	1			
•	uirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			550.00	10. Election Campaign Financia Trust Fund Contribution.	~ — ++	00 May Be d to Fees	ļ
11.	OFFICERS AND D	<u> </u>	12.	:partineir		DDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	3S IN 11	l
TITLE		Delete	TITLE		P/T/D		☐ Change		(00/
NAME STREET ADDRESS			NAMI STRE	E et address		TT, DONALD R. I Jupiter WAY			111
CITY-ST-ZIP				-ST-ZIP		LER, AZ 85226			Ę
TITLE		☐ Delete	TITLE		V/D		☐ Change	Addition	٦
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS	MERRI	ITT, DAVID M uth BEACK DR			
CITY-ST-ZIP	•		CITY	ST-ZIP	54. A1	igustine, FL 32	084		
TITLE .		Delete	TITLE		D	T. WILHEMENTA	☐ Change	Addition	
STREET ADDRESS	Charles C. L. Land Can Sandan County (1997)			ET ADDRESS	104 50 WT	IN BLACH DR.			
CITY-ST-ZIP			CITY	ST-ZIP	St.Au	gustine, FL3702			
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS		3000039 -03/27/0	11:(31)370-	~UU4	
CITY-ST-ZIP			-	ST-ZIP		*****61	<u>. 25 _ ****</u>	61.25	
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS		٨.	M/L	-	
CITY-ST-ZIP TITLE	<u> </u>		TITLE	ST-ZIP			Change	Addition	
NAME		C Delete	NAME			\cup	Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS		(✓ \		
13. I hereby cer	tify that the information supplied with the	nis filing does not qualify for	the exer	ST-ZIP notion stat	ted in Section	119 07(3)(i). Florida Statutes I furth	ner certify that the i	nformation	
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: 3-3-2001 904-829-066/ SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #									
		,					-ayune Fibre #	- 1	