

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90465 001 \*\*\*300.00

0112780 AV

**DOCUMENT # J05786**

1. Entity Name  
**RAADCORP, INC.**



Principal Place of Business  
**7061 GRAND NATIONAL DR  
121  
ORLANDO FL 32819  
US**

Mailing Address  
**7061 GRAND NATIONAL DR  
121  
ORLANDO FL 32819  
US**



2. Principal Place of Business  
**8618 CRESTGATE CR  
Suite, Apt. #, etc.  
ORL. FL.**

3. Mailing Address  
**8618 CRESTGATE CR  
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**ORL. FL.**

4. FEI Number **59-2874615**

Applied For  
Not Applicable

Zip **32819** Country **USA**

Zip **32819** Country **USA**

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

**RAAD, MAT T  
8618 CRESTGATE CR  
ORLANDO FL 32819**

Name **RAAD MAT. T.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8618 CRESTGATE CR**  
City **ORL** FL Zip Code **32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RAAD MAT. T.** **4-10-03**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **RAAD, MAT T**  
STREET ADDRESS **2614 WINDSOR HILL DR**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **P.S.D** ☒ Change ☐ Addition  
NAME **RAAD-MAT.T.**  
STREET ADDRESS **8618 CRESTGATE CR**  
CITY-ST-ZIP **ORL. FL. 32819**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)