

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90193 008 ***150.00

DOCUMENT # J99816

1. Entity Name
RADON CHECK, INC.

Principal Place of Business

Mailing Address

~~45 PINEWOOD TERR E~~
~~PALM HARBOR FL 34683~~
~~US~~

35246 U.S. 19 NORTH
 SUITE 221
 PALM HARBOR FL 34684
 US

2. Principal Place of Business

1019 UNION STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

Zip

33755

Country

US

Zip

Country

6. Name and Address of Current Registered Agent

BOOTH, SANDRA E

~~45 PINEWOOD TERR E~~

~~PALM HARBOR FL 34683~~

7. Name and Address of New Registered Agent

Name

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

1019 UNION STREET

City

CLEARWATER

FL

Zip Code

33755

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

Sandra Booth

SANDRA E. BOOTH

1/22/02

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, 2002 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

TITLE P ☐ Delete
NAME BOOTH, SANDRA E
STREET ADDRESS 45 PINEWOOD TERR E
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1019 UNION STREET
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Sandra Booth* SANDRA E. BOOTH 1/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 445 9777

CR2E034 (9/01)

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