

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90004 003 ***550.00

DOCUMENT # K74911

1. Entity Name

SOUTHEASTERN RADIATION PRODUCTS, INC.

Principal Place of Business

**C/O RICHARD LYLE SWEAT
 1410 E BARTON ST
 LONGWOOD FL 32750**

Mailing Address

**C/O RICHARD LYLE SWEAT
 1410 E BARTON ST
 LONGWOOD FL 32750**

2. Principal Place of Business

2651 N. Design Ct.
 Suite, Apt. #, etc.

3. Mailing Address

2651 N. Design Ct
 Suite, Apt. #, etc.

City & State

Sanford Florida

City & State

Sanford Florida

Zip

32773

Country

USA

Zip

32773

Country

USA

4. FEI Number

59-2958395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWEAT, RICHARD LYLE
 1410 E BARTON ST
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **SWEAT, RICHARD LYLE**
 STREET ADDRESS **1410 E BARTON ST**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 7, 2001

Date

407-330-3300

Daytime Phone #

CR2E034 (5/01)