

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L42894

FILED
Apr 28, 2003
Secretary of State

Entity Name: RADIATION TECHNOLOGIES, INC.

Current Principal Place of Business:

13101 RACHEL BLVD
ALACHUA, FL 32615 US

New Principal Place of Business:

6323 NW 105TH AVE.
ALACHUA, FL 32615 US

Current Mailing Address:

P.O. BOX 459
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 59-3005895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASKINS, PENELOPE S.
6323 NW 105TH AVENUE
ALACHUA, FL 32615

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HASKINS, PENELOPE S.,
Address: 6323 NW 105TH AVENUE
City-St-Zip: ALACHUA, FL 32615

Title: DV () Delete
Name: MCKISSON, JOHN E.,
Address: 4511 NW 16 PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HASKINS, PENELOPE S
Address: 6323 NW 105TH AVENUE
City-St-Zip: ALACHUA, FL 32615

Title: DV (X) Change () Addition
Name: MCKISSON, JOHN E
Address: 100 CREEK CROSSING ROAD
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENELOPE S. HASKINS

DR.

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date