

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90023 024 \*\*\*150.00

0137841

**DOCUMENT # L85116**

1. Entity Name  
**RAD SOURCE TECHNOLOGIES, INC.**

Principal Place of Business <b>475 RAMBLEWOOD DRIVE                  #207                  CORAL SPRINGS FL 33071</b>	Mailing Address <b>475 RAMBLEWOOD DRIVE                  #207                  CORAL SPRINGS FL 33071</b>
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2. Principal Place of Business <b>20283 STATE ROAD 7                  SUITE 107                  BOCA RATON, FL                  33498                  USA</b>	3. Mailing Address <b>20283 STATE ROAD 7                  SUITE 107                  BOCA RATON, FL                  33498                  USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0882844</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KIRK, RANDOL E                  475 RAMBLEWOOD DRIVE                  #207                  CORAL SPRINGS FL 33071</b>	7. Name and Address of New Registered Agent Name <b>KIRK, RANDOL E</b> Street Address (P.O. Box Number is Not Acceptable) <b>20283 STATE ROAD 7                  SUITE 107                  BOCA RATON FL 33498</b>
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KIRK, RANDOL E 475 RAMBLEWOOD DR. #207 CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KIRK, RANDOL E. 20283 SR 7, #107 BOCA RATON, FL 33498</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARTMAN, WILLIAM M 475 RAMBLEWOOD DR. #207 CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARTMAN, WILLIAM M. 20283 SR 7, #107 BOCA RATON, FL 33498</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MUNSON, ROBERT 475 RAMBLEWOOD DR #207 CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MUNSON, ROBERT 20283 SR 7, #107 BOCA RATON, FL 33498</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KESALA, ADRIAN 475 RAMBLEWOOD DR #207 CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KESALA, ADRIAN 20283 SR 7, #107 BOCA RATON, FL 33498</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADAMS, RICHARD 475 RAMBLEWOOD DR #207 CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADAMS, RICHARD 20283 SR 7, #107 BOCA RATON, FL 33498</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Randol E Kirk **RANDOL E. KIRK** Date: 2/6/01 Daytime Phone #: 561/482-9330

CR2E034 (10/00)