

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90388 019 ***150.00

DOCUMENT # P00000047194

1. Entity Name
RAD ENTERPRISES OF ORLANDO, INC.

Principal Place of Business
6300 TANGLEWOOD DRIVE N E
ST. PETERSBURG FL 33702

Mailing Address
6300 TANGLEWOOD DRIVE N E
ST. PETERSBURG FL 33702

2. Principal Place of Business
1019 W. Colonial Dr
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

4. FEI Number
59-3644912

Applied For
 Not Applicable

Zip
33702

Country
US

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, HAROLD G
6300 TANGLEWOOD DRIVE N E
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

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

City

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's signature required when re-registering)

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, 2001 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 ☐ Delete
 NAME **D ROSE, HAROLD G**
 STREET ADDRESS **6300 TANGLEWOOD DRIVE N E**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE ☐ Delete
 NAME **D ROSE, JOANNE H**
 STREET ADDRESS **6300 TANGLEWOOD DRIVE N E**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE ☐ Delete
 NAME **D Kenneth E Davis**
 STREET ADDRESS **6938 Cohasset Cir**
 CITY-ST-ZIP **Riverview FL 33569**

TITLE ☐ Delete
 NAME **D Phyllis Joyner Davis**
 STREET ADDRESS **6938 Cohasset Cir**
 CITY-ST-ZIP **Riverview, FL 33569**

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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: *Joanne H. Rose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne H. Rose

4/24/01

Date

835 407 6990

Daytime Phone #

CR2E034 (10/00)