2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P0000062778 RADAR OF GAINESVILLE, INC. 02-03-2001 90071 014 ***150.00 Principal Place of Business Mailing Address 4421 NW 39TH AVE. BLDG 1. STE 2 4421 NW 39TH AVE. BLDG 1, STE 2 GAINESVILLE FL 32606 GAINESVILLE FL 32606 3. Mailing Address 2. Principal Place of Business 6322 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5te 100 City & State Applied For Gainesville Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32652 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -JOHnson, Carlel-4421 NW 39TH AVE, BLDG 1, STE 2 **GAINESVILLE FL 32606** Zip Code 32453 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE 🖬 Delete ▼ Addition TITLE Change JOHNSON, CARL L NAME NAME Larry R. Watson 6322 NW 18th Drive STREET ADORESS 4421 NW 39TH AVE, BLDG 1, STE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL 32606 Gainesville, FL 32653 TITLE ☐ Delete TITLE **Addition** Douglas H. Dabney 1816 SW 122nd St NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32607 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Larry R. Watson, President

1-20-01

Addition

☐ Change