

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91318 020 ***150.00

DOCUMENT # P00000074722

1. Entity Name

RADLEY, INC.

Principal Place of Business

1801 LYONS RD., #206
 COCONUT CREEK FL 33063

Mailing Address

1801 LYONS RD., #206
 COCONUT CREEK FL 33063

2. Principal Place of Business

9452 VERONA LAKES BLVD

3. Mailing Address

Sand

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

Sand

4. FEI Number

65-1027439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOCEKAL, GEORGE
1801 LYONS RD., #206
COCONUT CREEK FL 33063

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSD
DOCEKAL, GEORGE
1801 LYONS RD., #206
COCONUT CREEK FL 33063 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSD
George Docekal
9452 Verona Lakes Blvd
Boynton Beach, FL 33437 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
DOCEKAL, SARAH
1801 LYONS RD., #206
COCONUT CREEK FL 33063 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
Docekal, Sarah
9452 Verona Lakes Blvd
Boynton Beach, FL 33437 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

George A. Docekal, PSD **4/30/01** **361-742-1912**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)