2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

D OR PRINTED NAME OF

FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P00000086555 1. Entity Name R.A.D. INTERNATIONAL, INC. 04-02-2001 90066 006 ***150.00 Principal Place of Business Mailing Address 6439 CENTRAL AVENUE 6439 CENTRAL AVENUE ST. PETERSBURG FL 33710-8411 ST. PETERSBURG FL 33710-8411 2. Principal Place of Business 3. Mailing Address 2864 PHOENIX PALM TERRACE 2864 Phoenix Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEi Number City & State Applied For PoRT NORTH 65-1041698 orth Kor Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired úSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name D'EATH, ROGER A. reet Address (P.O. Box Number is Not Acceptable) 6439 CENTRAL AVENUE ST. PETERSBURG FL 33710-8411 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 П 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. CR2E034 (10/00) Bresident □ Change TITLE Delete A. D'Eath Phoenix Palm Terrace NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE PHOENIX PALM TERRACE NAME NAME STREET ADDRESS STREET ADDRESS NORTH PORT, FL 34286 CITY-ST-ZIP CITY-ST-ZIP Jecnetary Treasurer Albert Korst 2527 SILVER PALM ROAD TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PORT FL 34286 CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 naddress, with all other like empowere