

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90088 002 \*\*\*150.00

BU105368



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P01000111526</b>			
1. Entity Name <b>RADABASE, INC.</b>			
Principal Place of Business <b>6661 DELHI DR MILTON FL 32583</b>		Mailing Address <b>6661 DELHI DR MILTON FL 32583</b>	
2. Principal Place of Business <b>1553 DAD'S ROAD</b>		3. Mailing Address <b>1553 DAD'S ROAD</b>	
Suite, Apt. #, etc. <b>2</b>		Suite, Apt. #, etc.	
City & State <b>CRESTVIEW FL</b>		City & State <b>CRESTVIEW FL</b>	
Zip <b>32536</b>	Country <b>USA</b>	Zip <b>32536</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>WOOTEN, JERRY W 6661 DELHI DR MILTON FL 32583</b>		7. Name and Address of New Registered Agent Name <b>ARMSTRONG, ALEC A</b> Street Address (B.O. Box Number is Not Acceptable) <b>1553 DAD'S ROAD</b> City <b>CRESTVIEW FL</b> Zip Code <b>32536</b>	
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 <u><i>Alec A Armstrong</i></u> <b>DST</b> <span style="float:right">27 APR 02</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 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>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>WOOTEN, JERRY W</b> <b>6661 DELHI DR</b> <b>MILTON FL 32583</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>WOOTEN, JERRY W</b> <b>1102 STRAND STREET # 1023</b> <b>CHRISTIANSTED, VI 00820</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>ARMSTRONG, ALEC A</b> <b>1553 DADS RD</b> <b>CRESTVIEW FL 32536</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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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: <u><i>Alec A Armstrong</i></u> <b>ARMSTRONG</b>		<b>27 APR 02</b> <b>850 902 1061</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/01)