

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0010916 AV

**DOCUMENT # P94000027232**

1. Entity Name  
**R.A.D. INVESTMENTS, INC.**

04-17-2002 90074 037 \*\*\*150.00

Principal Place of Business  
**104 PINEHURST CIR  
SUITE 303  
DAYTONA BEACH FL 32114  
US**

Mailing Address  
**104 PINEHURST CIR  
SUITE 303  
DAYTONA BEACH FL 32114  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**104 PINEHURST CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address  
**104 PINEHURST CIRCLE**  
Suite, Apt. #, etc.

City & State  
**DAYTONA BEACH FLORIDA**  
Zip  
**32114**  
Country  
**FLORIDA**

City & State  
**DAYTONA BEACH FLORIDA**  
Zip  
**32114**  
Country  
**FLORIDA**

4. FEI Number **65-0490090**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DELUCIA, ROBERT A  
104 PINEHURST CIR  
#303  
DAYTONA BEACH FL 32114**

## 7. Name and Address of New Registered Agent

Name  
**ROBERT A. DELUCIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**104 PINEHURST CIRCLE**  
City  
**DAYTONA BEACH** FL Zip Code  
**32114**

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 \_\_\_\_\_ (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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DELUCIA, ROBERT A</b>	
STREET ADDRESS	<b>104 PINEHURST CIR</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> Delete
NAME	<b>DELUCIA, HELEN M</b>	
STREET ADDRESS	<b>104 PINE HURST CIRCLE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **Robert A. Delucia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-02**  
Date

**386-255-6664**  
Daytime Phone #

CR2E034 (9/01)