2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90070 022 ***150.00

DOCUMENT # P94000057820

1. Entity Name
NEW RADIANCE CORPORATION

Principal Place of Business	Mailing Address
~~10035 108TH STREET NORTH~~ ~~SEMINOLE FL 33772~~ US	POST OFFICE BOX 990 LARGO FL 33779-0990 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10128 51st Ave N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg FL	City & State
Zip: 33708 / Country: USA	Zip / Country

4. FEI Number 59-3259087 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASEY, BARBARA
~~10035 108TH STREET NORTH~~
~~SEMINOLE FL 33772~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 10128 51st Ave N.
City St. Petersburg FL Zip Code 33708

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 Barbara Casey Barbara Casey 4/20/00
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, 2000 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	P CASEY, BARBARA ~~10035 108 ST~~ ~~SEMINOLE FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 10128 51st Ave N St Petersburg FL 33708	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Barbara Casey Barbara Casey, Pres. 4/20/00 727 573 2661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #