

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058796

1. Entity Name

RAD VEST, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90057 046 ***150.00

Principal Place of Business 980 N. FEDERAL HWY SUITE 302 BOCA RATON FL 33432 US	Mailing Address 980 N. FEDERAL HWY SUITE 302 BOCA RATON FL 33432-2704 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0521626	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TEDESCO, ROY S
980 N. FEDERAL HWY
SUITE 302
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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 _____ (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	P	<input type="checkbox"/> Delete		TITLE	D P S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEDESCO, ROY S			NAME	TeDESCO, Roy S.		
STREET ADDRESS	1246 SW 7TH STREET			STREET ADDRESS	980 N. Federal Hwy, Ste 302		
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP	Boca Raton, FL 33432		
TITLE	VPTS	<input type="checkbox"/> Delete		TITLE	D V T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANDIS, DANIEL M			NAME	Landis, Daniel M.		
STREET ADDRESS	2408 NW 35TH STREET			STREET ADDRESS	980 N. Federal Hwy, Ste 302		
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP	Boca Raton, FL 33432		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 all other like empowered.

SIGNATURE: ROY S. Tedesco Director 1/3/00 561-391-5506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #