

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90006 006 \*\*\*150.00

**DOCUMENT # P95000072417**

**1. Entity Name**  
**RDC INTERNATIONAL, INC.**

**Principal Place of Business**

**1819 MAIN STREET**  
**#702**  
**SARASOTA FL 34236**

**Mailing Address**

**1819 MAIN STREET**  
**#702**  
**SARASOTA FL 34236**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-0950425**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**CELLA, ANTHONY A C.F.D.**  
**1819 MAIN STREET, STE. 702**  
**SARASOTA FL 34236**

**7. Name and Address of New Registered Agent**

Name **Cella, Anthony A. CFO**  
Street Address (P.O. Box Number is Not Acceptable) **1819 Main Street, Ste. 702**  
City **Sarasota** **FL** **34236**

**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**

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, 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>S</b>	<input type="checkbox"/> Delete
NAME	<b>MINTMIRE, DONALD F</b>	
STREET ADDRESS	<b>265 SUNRISE AVENUE #204</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33408</b>	
TITLE	<b>CEOD</b>	<input type="checkbox"/> Delete
NAME	<b>HARKOLA, JOHN</b>	
STREET ADDRESS	<b>1819 MAIN STREET #702</b>	
CITY-ST-ZIP	<b>SARASOTA FL 33480</b>	
TITLE	<b>CFOD</b>	<input type="checkbox"/> Delete
NAME	<b>CELLA, ANTHONY A</b>	
STREET ADDRESS	<b>1819 MAIN STREET, #702</b>	
CITY-ST-ZIP	<b>SARASOTA FL 33480</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REIJER, ALAN</b>	
STREET ADDRESS	<b>1819 MAIN STREET, #702</b>	
CITY-ST-ZIP	<b>SARASOTA FL 33480</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DICKENS, BEN</b>	
STREET ADDRESS	<b>1819 MAIN STREET, #702</b>	
CITY-ST-ZIP	<b>SARASOTA FL 33480</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>TAGER, CLIFF</b>	
STREET ADDRESS	<b>1819 MAIN STREET, #702</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	

**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	<b>CEOD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARKOLA, JOHN</b>	
STREET ADDRESS	<b>1819 MAIN STREET, #702</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>CFOD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CELLA, ANTHONY A.</b>	
STREET ADDRESS	<b>1819 MAIN STREET #702</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REITER, ALAN</b>	
STREET ADDRESS	<b>1819 MAIN STREET #702</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKENS, BEN</b>	
STREET ADDRESS	<b>1819 MAIN STREET #702</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
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 all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Anthony A. Cella**

**2/21/2002**

Date

Daytime Phone #

**941-365-9955**

CR25034 (9/01)