

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042393

1. Entity Name

RADIANT SOLUTIONS, INC.

FILED

Mar 16, 2000 8:00 am  
Secretary of State

03-16-2000 90079 040 \*\*\*150.00

Principal Place of Business

1217 D SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415  
US

Mailing Address

1217 D SOUTH MILITARY TRAIL  
SUITE 133  
WEST PALM BEACH FL 33415-4631  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1217-D SOUTH MILITARY TRAIL

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33415

Country

US

4. FEI Number

65-0756316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEE, MONICA  
1217 D SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415

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

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

TITLE DPT  
NAME LEE, MONICA ☐ Delete  
STREET ADDRESS 1440 CORAL RIDGE DR., SUITE 133  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VS  
NAME LEE, FRED ☐ Delete  
STREET ADDRESS 1440 CORAL RIDGE DR, SUITE 133  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition  
NAME LEE, MONICA  
STREET ADDRESS 1217-D SOUTH MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE VS ☒ Change ☐ Addition  
NAME LEE, FRED  
STREET ADDRESS 1217-D SOUTH MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Monica Lee MONICA LEE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 (561) 649-8200  
Date Daytime Phone #