

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 MAY 23 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000557

1. Entity Name **RADIKAL CORPORATION OF TAMPA BAY**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**15010 Eagle Rise Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**15010 Eagle Rise Dr.**  
Suite, Apt. #, etc.

City & State  
**Lithia FL**  
Zip  
**33547**

City & State  
**Lithia FL**  
Zip  
**33547**

**2001-2002 UBR**

4. FEI Number  
**59-3504703**

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Stella W. Veglianti**  
Street Address (P.O. Box Number is Not Acceptable)  
**15010 Eagle Rise Drive**  
City **Lithia** FL Zip Code **33547**

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 **Stella W. Veglianti** **Stella W. Veglianti** **Stella W. Veglianti** **5-20-2002**  
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) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**Stella W. Veglianti**  
**15010 Eagle Rise Dr. Lithia FL 33547**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100005980101-8**  
**-06/25/02--01073--016**  
**\*\*\*\*308.75 \*\*\*\*308.75**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director**  
**J. Eve Veglianti**  
**15010 Eagle Rise Dr.**  
**Lithia FL 33547**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Stella W. Veglianti** **Stella W. Veglianti** **4-22-2002** **813-334-7864**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)