

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084444

1. Entity Name
RADFORD ENTERPRISES, INC.

(R)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90004 033 ***150.00

Principal Place of Business

4071 NW 5TH DR
DEERFIELD BEACH FL 33442
US

Mailing Address

4071 NW 5TH DR
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0691890**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RADFORD, DEBORAH M
4071 NW 5TH DR
DEERFIELD BEACH FL 33442

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☐ Delete
NAME **RADFORD, DEBORAH M**
STREET ADDRESS **4071 NW 5TH DR**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

8-2-00

(954) 234-6705

Date

Daytime Phone #

CR2E034 (5/00)

RADFORD ENTERPRISES, INC.
4071 NW 5th Drive
Deerfield Beach, FL 33442

Attachment
Doc # P9800008444
DW77479

August 2, 2000

Division of Corporations
Uniform Business Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As per instructions from your office (850) 488-900 enclosed is a check for \$150.00 along with this letter advising that we never received the first notice. The "2nd notice" is the only notice that was received by our office.

If you have any questions please give us a call.

Sincerely,



Deborah Radford
President
Radford Enterprises, Inc.