

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90143 028 ***150.00

DOCUMENT # P98000107208

1. Entity Name
RADIKEWL DESIGNS, INC.



Principal Place of Business
**8511 TWIN LAKES RD.
TAMPA FL 33614**

Mailing Address
**8511 TWIN LAKES RD.
TAMPA FL 33614**



2. Principal Place of Business

7825 N. Dale Mabry
Suite, Apt. #, etc.
SUITE 104

3. Mailing Address

7825 N. DALE MABRY
Suite, Apt. #, etc.
SUITE 104

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL.

City & State
TAMPA, FL.

4. FEI Number
59-3543860

Applied For
Not Applicable

Zip
33614

Country
USA

Zip
33614

Country
USA

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

WHEELER, GLEN N III
8511 TWIN LAKES RD.
TAMPA FL 33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Glen N. Wheeler **Glen N. Wheeler President**

2/1/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WHEELER, GLEN N III**
STREET ADDRESS **8511 TWIN LAKES RD.**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE **CFO** ☐ Delete
NAME **YOVANOVICH, MARC**
STREET ADDRESS **8511 TWIN LAKES BLVD**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Glen N. Wheeler **Glen N. Wheeler**

2/1/03

813-931-1049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)