

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021034

1. Entity Name

RADER TECHNOLOGIES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90058 001 ***150.00

Principal Place of Business

Mailing Address

1398 SEMORAN BLVD. STE 102
CASSELBERRY FL 32707

1398 SEMORAN BLVD. STE 102
CASSELBERRY FL 32707-6557

2. Principal Place of Business

4176 S. Plaza Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 217

City & State

Virginia Beach, VA

City & State

4. FEI Number

58-2446732

Applied For

Not Applied For

Zip

23452

Country

USA

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

ELLZEY, KARL M
1398 SEMORAN BLVD, STE 102
CASSELBERRY FL 32707

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: Owner
NAME: Inga Ellzey
STREET ADDRESS: 1340 Grove Terr
CITY-ST-ZIP: Winter Park, FL 32789

TITLE: President
NAME: Mario Vittone
STREET ADDRESS: 600 Nottingham Dr
CITY-ST-ZIP: Virginia Beach, VA 23452

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 (757) 306-1330
Date Daytime Phone #