2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# P99000075916

Entity Name: R.A.D. INDUSTRIES, INC.

Current Principal Place of Business:

3681 N.W. 19 STREET
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

Current Mailing Address:

3681 N.W. 19 STREET
LAUDERDALE LAKES, FL 33311

New Mailing Address:

FEI Number: 65-0964910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARROW, KIRK A
3500 N STATE ROAD 7, SUITE 201
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

ROBINSON, ROBERT A PRESIDE
3681 NW 19 STREET
LAUDERDALE LAKES, FL 33311 US

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: ROBERT A ROBINSON 04/29/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBINSON, ROBERT
Address: 19415 SW 15 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete
Name: ROBINSON, CARENE
Address: 19415 SW 15 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD (X) Delete
Name: NACKIA, ROBINSON
Address: 4107 SW 1 COURT
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ROBINSON, CARENE
Address: 19415 SW 15 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ROBINSON PD 04/29/2003
Electronic Signature of Signing Officer or Director Date