

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20187

1. Entity Name
R A D INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90080 018 ***150.00

| | |
|---|---|
| Principal Place of Business 5155 RIO VISTA AVE TAMPA FL 33634 US | Mailing Address 3355 BEARSS AVE. TAMPA FL 33618 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3046859 | Applied For <input type="checkbox"/> Not Acceptable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVE. TAMPA FL 33618 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 *Walter Sanders* *Walter Sanders* *3/17/01*
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, 2001 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOYLE, RAYMOND A. 306 N. HOWARD AVENUE TAMPA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOYLE, CYNTHIA 306 N. HOWARD AVENUE TAMPA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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

Date

Print the Phone #

CR2E034 (10/00)