

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90155 038 ***150.00

DOCUMENT # S20187

1. Entity Name
R A D INC.



Principal Place of Business
**5155 RIO VISTA AVE
TAMPA FL 33634
US**

Mailing Address
**3355 BEARSS AVE.
TAMPA FL 33618
US**



2. Principal Place of Business

3. Mailing Address

5001 N. Coolidge Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Zip

Country

Zip

Country

33614 USA

4. FEI Number **59-3046859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, WALTER
3355 BEARSS AVE.
TAMPA FL 33618**

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 obligation of registered agent.

SIGNATURE

Walter Sanders
Signature, type or printed name of registered agent and title if applicable.

Walter Sanders

(NOTE: Registered Agent signature required when reinstating)

3/17/03

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 **D** ☐ Delete
NAME **DOYLE, RAYMOND A.**
STREET ADDRESS **306 N. HOWARD AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME *Doyle, Raymond*
STREET ADDRESS *5001 N. Coolidge Avenue*
CITY-ST-ZIP *Tampa, Florida 33614*

TITLE **D** ☐ Delete
NAME **DOYLE, CYNTHIA**
STREET ADDRESS **306 N. HOWARD AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME *Doyle, Cynthia*
STREET ADDRESS *5001 N. Coolidge Avenue*
CITY-ST-ZIP *Tampa, Florida 33614*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Walter Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)