

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90062 032 ***150.00

DOCUMENT # S90520

1. Entity Name

RADIO MERCHANDISE, INC

DO NOT WRITE IN THIS SPACE

425168

2. Principal Place of Business

8022 OLD COUNTRY RD #54

3. Mailing Address

" STATE "

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FLORIDA

City & State

4. FEI Number

59-3093240

Applied For

Not Applicable

Zip

34653

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PP
NAME WILLIAMS, KELLY ANN
STREET ADDRESS 8038 STATE RD 54
CITY-ST-ZIP NEW PORT RICHEY, FLORIDA 34653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME WILLIAMS, BILLY H.
STREET ADDRESS 8038 STATE RD #54
CITY-ST-ZIP NEW PORT RICHEY, FLORIDA 34653

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/02 (727) 376-8111

CR2E034B (12/01)