

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90153 014 ***158.75

DOCUMENT # G04716

1. Entity Name
RAD-STAT, INC.

Principal Place of Business P.O. BOX 533 ORANGE PARK FL 32067-0533	Mailing Address P.O. BOX 533 ORANGE PARK FL 32067-0533
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 104 South Beach DR.	3. Mailing Address 104 South Beach DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Saint Augustine, FL	City & State Saint Augustine, FL
Zip 32084	Zip 32084
Country St. Johns	Country St. Johns

4. FEI Number 65-0051635	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MERRITT, DAVID M.
 3567 KINGSTON HEATH COURT
 GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name
Merritt, David M.

Street Address (P.O. Box Number is Not Acceptable)
104 South Beach DR.

City
Saint Augustine **FL** Zip Code
32084

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 David M. Merritt David M. Merritt 2-7-2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when Terminating) 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 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MERRITT, DAVID M.		NAME MERRITT, DAVID M.	
STREET ADDRESS 3567 KINGSTON HEATH CT		STREET ADDRESS 104 South Beach DR.	
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP St. Augustine, FL 32084	
TITLE TDVP	<input type="checkbox"/> Delete	TITLE TDVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MERRITT, WILHEMENIA		NAME MERRITT, WILHEMENIA	
STREET ADDRESS 3567 KINGSTON HEATH CT.		STREET ADDRESS 104 South Beach DR.	
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP St. Augustine, FL 32084	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: David M. Merritt 2-7-2001 904-829-0661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)