

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G 04716

1. Entity Name

RAD-STAT, INC

Principal Place of Business

104 South Beach DR.
St. Augustine, FL 32084

Mailing Address

104 South Beach DR.
St. Augustine, FL
32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0051635

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRITT, DAVID M
104 South Beach DR.
SAINT AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

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.

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)

FILE NOW!!! FEE IS \$150.00 ^{#61.25}
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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/T/D MERRITT, DONALD R.
STREET ADDRESS	5377 W. JUPITER WAY
CITY-ST-ZIP	CHANDLER, AZ 85226
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D MERRITT, DAVID M
STREET ADDRESS	104 South Beach DR
CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MERRITT, WILHELMINA
STREET ADDRESS	104 South Beach DR
CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003912263--2
STREET ADDRESS	--03/27/01--01070--004
CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2001

Date

904-829-0661

Daytime Phone #

FILED

01 MAR 26 PM 10:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)