

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90236 009 ***550.00

DOCUMENT # G04716

1. Entity Name
RAD-STAT, INC.

Principal Place of Business
104 SOUTH BEACH DRIVE
SAINT AUGUSTINE FL 32084

Mailing Address
104 SOUTH BEACH DRIVE
SAINT AUGUSTINE FL 32084

2. Principal Place of Business
5377 W. Jupiter Way
 Suite, Apt. #, etc.

3. Mailing Address
5377 W. Jupiter Way
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Chandler Az

City & State
Chandler Az

4. FEI Number **65-0051635**

Applied For
 Not Applicable

Zip
85226

Country
USA

Zip
85226

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRITT, DAVID M
104 SOUTH BEACH DRIVE
SAINT AUGUSTINE FL 32084

Name **Donald R Merritt DM**
 Street Address (P.O. Box Number is Not Acceptable)
5377 W. Jupiter Way
 City **Chandler Az 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 obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PTD	<input type="checkbox"/> Delete
NAME	MERRITT, DONALD R	
STREET ADDRESS	5377 W. JUPITER WAY	
CITY-ST-ZIP	CHANDLER AZ 85226	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MERRITT, DAVID M	
STREET ADDRESS	104 SOUTH BEACH DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, WILHEMENIA	
STREET ADDRESS	104 SOUTH BEACH DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED** **DONALD MERRITT President** **6 Sep 2002** **480 7835750**

CR2E034 (4/02)