2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P9700069227

DOCUMENT # P: 1. Entity Name RADCO TREASURE COAST,		
Principal Place of Business 9335 ANGLE RD. FT. PIERCE FL 34947	Mailing Address P.O. BOX 416 FT. PIERCE FL 34954	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	. Suite, Apt. #, etc.	

FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90084 025 ***150.00

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9335 ANGLE	Mailing Address NGLE RD. P.O. BOX 416 RCE FL 34947 FT. PIERCE FL 34954							
2. Principal F	Principal Place of Business 3. Mailing Address							
Suite, Apt.	Suite, Apt. #, etc Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te City & State			4. FEI Number 65-0773508		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired		5 Additional lequired	
	6. Name and Address of Cur	rent Registered Agent	······		7. Name and Address of New	Registered Agent		
				āme .				
TYNER, BEVERLY W 9335 ANGLE ROAD				Street Address (P.O. Box Number is Not Acceptable)				
	DE FL 34947							
			С	ity		FL Z	p Code	
	e named entity submits this statementions of registered agent. Signature, typed or printed name of registered.		(NOTE: Registered Age		·	DATE	r with, and accept	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departmet	.00			9. Election Campaign F Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS A	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TYNER, BEVERLY 9335 ANGLE RD. FT. PIERCE FL 34947	□ Delet	e TITLE NAME STREET AD CITY-ST-Z			c	hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$	C) Delet	e TITLE NAME STREET AD CITY-ST-Z			□с	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***************************************	Delet	e, TITLE NAME STREET AD CITY-ST-Z		الما معين فالمسينيون بالمارية الرواد المارة الرازان		hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	e TITLE NAME STREET AD CITY-ST-Z	Į.		c	hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	Delet	e TITLE NAME STREET ADI CITY-SI-Z			□ CI	nange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delet		DRESS		□ C	hange . Addition	

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.