CR2E034 (9/01

FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 22, 2002 8:00 am **Secretary of State** DOCUMENT # S92400 1. Entity Name 01-22-2002 90120 010 \*\*\*150.00 RADCO REFRIGERATION AND APPLIANCES, INCORPORATED Principal Place of Business Mailing Address 283 PEACH TREE DRIVE 283 PEACH TREE DRIVE SPRING HILL FL 34608 SPRING HILL FL 34608 t Propert i 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3094245 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBIN A. DELARDI Street Address (P.O. Box Number is Not Acceptable) **5038 PLUMOSA STREET** SPRING HILL FL 34607 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Addition ☐ Delete TITLE DELARDI, ROBIN A. NAME NAME STREET ADDRESS 5038 PLUMOSA ST. STREET ADDRESS CITY-ST-ZIP Spring Hill Fl CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change VST NAME DELARDI, REBECCA L NAME STREET ADDRESS STREET ADDRESS 5038 PLUMOSA ST CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP ☐ Delete ☐ Change TITI F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

Date

Daytime Phone #