

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90136 012 ***150.00

0451001 AV

DOCUMENT # H86865

1. Entity Name
RAINCROSS INSURANCE, INC.

Principal Place of Business

7024 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Mailing Address

P.O. BOX 41786
ST. PETERSBURG FL 33743

2. Principal Place of Business

7104 Central Ave.
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 40686
 Suite, Apt. #, etc.

City & State

St. Petersburg FL
 Zip **33707** Country **USA**

City & State

St. Petersburg FL
 Zip **33743** Country **USA**

4. FEI Number

59-2779052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUCK, KEVIN
7024 CENTRAL AVENUE
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name ROBERT PERAZZINI

Street Address (P.O. Box Number is Not Acceptable)

2555 Enterprise Rd. Suite 15

City

Cleghorn

FL

Zip Code 33763

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 **Robert Perazini**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-02

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, 2002 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 **DP** ☒ **Delete**
NAME **SCHUCK, KEVIN**
STREET ADDRESS **7024 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **DS** ☒ **Delete**
NAME **SCHUCK, JERRE**
STREET ADDRESS **7024 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Change** ☒ **Addition**
NAME **JEFF ALANSON**
STREET ADDRESS **7104 Central Ave.**
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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
JEFF ALANSON

3-10-02

Date

(727) 384-6205

Daytime Phone #

CR2E034 (9/01)