## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2002 8:00 am Secretary of State DOCUMENT # 631050 1. Entity Name 01-24-2002 90372 006 \*\*\*150 00 JACK W. RAINFORD AND SONS, INC. Principal Place of Business Mailing Address 3641 N E 36TH AVE 3641 N E 36TH AVE OCALA FL 34479 OCALA FL 34479 US 2. Principal Place of Business\* 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1960594 Not Applicable Zip Country Zip 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 Name RAINFORD, JACK WARREN Street Address (P.O. Box Number is Not Acceptable) 11129 S.E. SUNSET HARBOR ROAD SUMMERFIELD FL 32691 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 12. 11. Delete TITLE TITLE NAME RAINFORD, JACK WARREN NAME STREET ADDRESS STREET ADDRESS 11125 SE SUNSET HRBR RD CITY-ST-ZIP CITY-ST-7IP SUMMERFIELD FL ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ☐ Addition [□] Chanò∈ ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this egaporate by Chapter 601, Florida Statutes and that my name appears in Block 11 or Block 12 if

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of the corporation or the received changed, or on an attachment

SIGNATURE:

th an address, with all other like

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