

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66124

1. Entity Name
GILES D. RAINWATER, PH. D. P.A.

Principal Place of Business
2210 S FRONT ST
STE - 208
MELBOURNE FL 32901-7375
US

Mailing Address
P O BOX 1677
MELBOURNE FL 32902-1677
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number 59-2158097

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

RAINWATER, GILES D.
2210 S FRONT ST
SUITE #208
MELBOURNE FL 32901

Name

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

City

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.

SIGNATURE *Giles D. Rainwater* *Giles D. Rainwater, Ph.D. 10/30/01*
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 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 P
NAME RAINWATER, GILES D
STREET ADDRESS 2210 SO FRONT STR A208
CITY-ST-ZIP MELBOURNE FL

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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: *Giles D. Rainwater*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 12, 2001 321290080

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

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CR2E034 (5/01)