

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90098 018 ***150.00

DOCUMENT # F99000005940
1. Entity Name
RAINES ASSETS INC.

Principal Place of Business	Mailing Address
C/O THOMAS C. ROBERGE & COMPANY 1 BEACH DRIVE SE - SUITE 220 ST. PETERSBURG FL 33701	C/O THOMAS C. ROBERGE & COMPANY 1 BEACH DRIVE SE - SUITE 220 ST. PETERSBURG FL 33701

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State		City & State	
Zip	County	Zip	County

Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			

4. FEI Number 98-0213495	Applied For
	Not Applicable

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

ROBERGE, THOMAS C CPA
1 BEACH DRIVE SE - SUITE 220
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent	
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 _____
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 \$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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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[illegible][illegible]

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 links empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Piers Hacy 25 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)