

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90676 019 ***150.00

DOCUMENT # G90930
 1. Entity Name
RAINMAKER LAWN SPRINKLER, INC.

Principal Place of Business: **2854 C. STERLING ROAD, HOLLYWOOD, FL 33021**
 Mailing Address: **2854 C. STERLING ROAD, HOLLYWOOD, FL 33021**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **RAINMAKER LAWN SPRINKLER, 3461 N. 47TH AVE. UNIT 3461, HOLLYWOOD, FL 33021**
 3. Mailing Address: **RAINMAKER LAWN SPRINKLER, 3461 N. 47TH AVE. UNIT 3461, HOLLYWOOD, FL 33021**

City & State: **BROW: (954) 966-8040, DADE: (305) 940-3344**
 City & State: **DADE: (305) 940-3344**

4. FEI Number: **59-2376952**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **COHEN, MARVIN, 3461 N. 47 AVE., HOLLYWOOD FL 33021**
 7. Name and Address of New Registered Agent: [REDACTED]

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: *Marvin Cohen Pres.* Date: **3/20/02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
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		-12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, MARVIN 3461 N.47 AVE. HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Malob Pres.* Date: **3/20/02** Daytime Phone #: **954-966-8040**

CR2E034 (9/01)