

# 2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # 10000002362

1. Entity Name

Rain Forest Interior Plant Care, Inc.

FILED

01 AUG 31 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200004594482--2

-09/17/01--01078--024

\*\*\*\*\*26.25 \*\*\*\*\*26.25

Principal Place of Business

Mailing Address

(SAME)

5811 S. MacDill Ave. / 5811 S. MacDill Ave.  
Tampa, FL 33611 Tampa, FL 33611

2. Principal Place of Business

5811 S. MacDill Ave.

3. Mailing Address

5811 S. MacDill Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33611

Country

USA

Zip

33611

Country

USA

4. FEI Number

59-3627052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

David R. Lendon  
5811 S. MacDill Ave.  
Tampa, FL 33611

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE Vice President  
NAME James Rogers  
STREET ADDRESS 5811 S. MacDill Ave. (10%)  
CITY-ST-ZIP Tampa, FL 33611

☐ Change

☒ Addition

TITLE Secretary Treasurer  
NAME Charmaine Hankins  
STREET ADDRESS 5811 S. MacDill Ave. (10%)  
CITY-ST-ZIP Tampa, FL 33611

☐ Change

☒ Addition

TITLE President  
NAME David R. Lendon  
STREET ADDRESS 5811 S. MacDill Ave. (80%)  
CITY-ST-ZIP Tampa, FL 33611

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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: Charmaine Hankins

8-2-01  
8-2-01 (813) 839-7875

CR2E034 (5/01)