

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/14

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90136 016 \*\*\*158.75

**DOCUMENT # P00000042498**

1. Entity Name

**RAIN DROP PAINTING & PRESSURE CLEANING, INC.**

Principal Place of Business

10611 FRUITVILLE RD  
 SARASOTA FL 34240

Mailing Address

10611 FRUITVILLE RD  
 SARASOTA FL 34240

2. Principal Place of Business

**4473 McINTOSH PARK DR**

3. Mailing Address

**4473 McINTOSH PARK DR**

Suite, Apt. #, etc.

**807**

Suite, Apt. #, etc.

**807**

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

Zip

**34232**

Country

**USA**

Zip

**34232**

Country

**USA**

4. FEI Number

**65-1013196**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**T&H COMPTROLLERS, INC.**  
**312 E VENICE AVE, SUITE 120**  
**VENICE FL 34292**

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, 2001 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIFE, SAMUEL B</b>	
STREET ADDRESS	<b>10611 FRUITVILLE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>4473 McIntosh Park Dr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Apt #807</b>	
STREET ADDRESS	<b>Sarasota, FL 34232</b>	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

**(941) 468-2663**

CR2E034 (10/00)