

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90079 019 ***550.00

DOCUMENT # P00000042498

1. Entity Name
RAIN DROP PAINTING & PRESSURE CLEANING, INC.

Principal Place of Business

**4473 MCINTOSH PARK DR
 SARASOTA FL 34232**

Mailing Address

**4473 MCINTOSH PARK DR
 SARASOTA FL 34232**

979977



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4540 Fernway Drive

3. Mailing Address

4540 Fernway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Port Florida

City & State
North Port, Florida

4. FEI Number **65-1013196**

Applied For
 Not Applicable

Zip
34288

Country
SARASOTA

Zip
34288

Country
Sarasota

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

TITLE **D** ☐ Delete
 NAME **RIFE, SAMUEL B**
 STREET ADDRESS **4473 MCINTOSH PARK DR, APT 807**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/02 (941) 468-2663
 Date Daytime Phone #