

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**  
05-17-2002 90037 018 \*\*\*158.75

DOCUMENT # P00000084239

1. Entity Name

RAINGUARD, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1025 N.Fl.Mango Unit #1

Suite, Apt. #, etc.

3. Mailing Address

1025 N.Fl.Mango Unit #1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

W. Palm Bch., Fl

City & State

W. Palm Bch., Fl

4. FEI Number

65-1062508

Applied For

Not Applicable

Zip

Country

33409

USA

Zip

Country

33409

USA

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Patrick Schiavo

Street Address (P.O. Box Number is Not Acceptable)

1025 N.Fl. Mango Unit #1

City

W.Palm Bch.

FL

Zip Code  
33409

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 PD  
NAME Schiavo, Patrick  
STREET ADDRESS 1025 N.Fl.Mango Unit #1  
CITY-ST-ZIP W.Palm Bch., Fl 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME Schildt, Charles  
STREET ADDRESS 1025 N.Fl.Mango Unit #1  
CITY-ST-ZIP W. Palm Bch., Fl 33409

TITLE  
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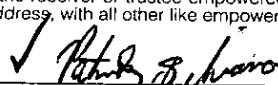
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E034B (12/01)