

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90048 042 ***150.00

DOCUMENT # P01000007233

1. Entity Name
RAIN FOREST PRODUCTS, INC.

Principal Place of Business **Mailing Address**
10411 GREENDALE DRIVE **10411 GREENDALE DRIVE**
TAMPA FL 33626 **TAMPA FL 33626**

2. Principal Place of Business **3. Mailing Address**
10411 Greendale Dr. *SAME*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Tampa, FL *SAME*
Zip **Country** **Zip** **Country**
33626 *USA* *11* *11*

4. FEI Number **Applied For**
59-3695518 ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
ROBERTS, DANIEL C **Name**
10411 GREENDALE DRIVE **Street Address (P.O. Box Number is Not Acceptable)**
TAMPA FL 33626 **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, 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	
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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: *[Signature]* **PRESIDENT** **4.19.02** **813.926.6431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)