

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90155 002 \*\*\*150.00

DOCUMENT # P01000071236

1. Entity Name  
RAINAIR, INC.



Principal Place of Business  
GASLIGHT SQUARE, BUILDING C, SUITE 102  
6798 CROSSWINDS DRIVE NORTH  
ST. PETERSBURG FL 33710

Mailing Address  
GASLIGHT SQUARE, BUILDING C, SUITE 102  
6798 CROSSWINDS DRIVE NORTH  
ST. PETERSBURG FL 33710

2. Principal Place of Business  
6826 STONES THROW CIR. N

3. Mailing Address  
6826 STONES THROW CIR. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

\*11107\*

\*11107\*

City & State

City & State

ST. PETERSBURG

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33710

PINELLAS

33710

PINELLAS



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3736718

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

RADOSAVLJEVIC, SLOBODAN  
6826 STONES THROW CIRCLE, NORTH  
UNIT # 11107  
ST. PETERSBURG FL 33710

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 *Radosavljevic Slobodan, PRESIDENT*

04-10-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RADOSAVLJEVIC, SLOBODAN  
STREET ADDRESS 6826 STONES THROW CR., N., UNIT #11107  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Radosavljevic Slobodan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-10-2003

CR2E034 (10/02)