

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

4/1

04-11-2003 90218 047 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000068661	
1. Entity Name RainMakers Fruit, INC.	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 4301 Woodside Manor Dr. Suite, Apt. #, etc.	3. Mailing Address 4301 Woodside Manor Dr. Suite, Apt. #, etc.
City & State Tampa, FL Zip 33624 Country USA	City & State Tampa, FL Zip 33624 Country USA
4. FEI Number 02-0633625	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE	
7. Name and Address of Current Registered Agent Name: <del>Brad Birberick</del> Darrel C. Smith Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Blvd., Suite 2800 <del>4301 Woodside Manor Dr.</del> City: <del>Tampa</del> Tampa FL Zip Code: <del>33624</del> 33602	
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: <u>Brad Birberick</u> Brad Birberick VP Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
V Brad Birberick 4301 Woodside Manor Dr. Tampa, FL 33624	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
DO NOT WRITE IN THIS SPACE	
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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Brad Birberick</u> 4/8/03 727-742-4790 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	