## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # **P94000093499** 1. Entity Name RAINDANCER, INC. 05-15-2000 90243 004 \*\*\*150.00 Principal Place of Business Mailing Address POST OFFICE BOX 162472 POST OFFICE BOX 162472 ALTAMONTE SPRINGS FL 32716 ALTAMONTE SPRINGS FL 32716-2472 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State Applied For 4. FÉI Number City & State 59-3285301 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \_\_\_ HAGEN, WILLIAM III Street Address (P.O. Box Number is Not Acceptable) 707 PESCADOR AVENUE ALTAMONTE SPRINGS FL 32716 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. This corporation is sligble to salisty its intangload process of the salisty its intangload process of th ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 OFFICERS AND DIRECTORS 11. Delete ☐ Change Addition TITLE TITLE HAGEN, FERDERICK W III NAME NAME STREET ADDRESS STREET ADDRESS 707 PESCADOR AVENUE CITY-ST-7IP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 impowered to product 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 a

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SIGNATURE:

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