

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000006598

1. Entity Name
RAINPUMP, INC.

Principal Place of Business
220 CYPRESS BEND DR
STE 805
FT. LAUDERDALE FL 33069

Mailing Address
2202 S. CYPRESS BEND DR.
STE 805
POMPANO BCH FL 33069 US

2. Principal Place of Business
220 CYPRESS BEND DR

3. Mailing Address

Suite, Apt. #, etc.
STE 805

Suite, Apt. #, etc.

City & State
POMPANO BEACH FL

City & State

4. FEI Number
65-0731208

Applied For
Not Applicable

Zip
33069

Country

Zip

Country

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

CLARK DELORES
2202 S. SOUTH CYPRESS BEND DRIVE
SUITE 805
POMPANO BEACH FL 33069 US

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.

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

(NOTE: Registered Agent signature required when reinstating)

04/12/2001

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MICHAEL R. DODDS
2202 S. CYPRESS BEND CIR.
POMPANO BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DODDS MICHAEL R CEO
2202 S. CYPRESS BEND CIR.
POMPANO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Michael R. Dodds

CEO

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)