

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91525 001 ***150.00

DOCUMENT # *P98000012009*

1. Entity Name

RAIN FOREST International INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6285 CENTRAL AVE PO BOX 22797

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST CLOUD, FL

City & State

LAKE BUENA VISTA, FL

4. FEI Number

65-0815863

Applied For

Not Applicable

Zip

34771

Country

USA

Zip

32830

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RANDALL NESTOR

Street Address (P.O. Box Number is Not Acceptable)

1759 CHALLENGER AVE

City

DAVENPORT

FL

Zip Code

33837

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.18.02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>PRESIDENT</i>
NAME	<i>CRAIG CLARK</i>
STREET ADDRESS	<i>6285 CENTRAL AVE</i>
CITY-ST-ZIP	<i>ST CLOUD FL 34771</i>
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Craig Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4.18.02 8082507554

Daytime Phone #

CR2E034B (12/01)