

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90079 036 ***150.00

DOCUMENT # P98000012009

1. Entity Name
RAINFOREST INTERNATIONAL, INC.



Principal Place of Business
**6285 CENTRAL AVE.
SAINT CLOUD FL 34771**

Mailing Address
**PO BOX 22797
ORLANDO FL 32830
US**

80007410



2. Principal Place of Business

8826 DUNES CT. #208
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 22797
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

KISSIMMEE FL

City & State

LAKE BUENA VISTA, FL

4. FEI Number

65-0815863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

34747

Country

USA

Zip

32830

Country

USA

6. Name and Address of Current Registered Agent

**NESTOR, RANDALL
1759 CHALLENGER AVE
DAVENPORT FL 33837**

7. Name and Address of New Registered Agent

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.

1.15.03

SIGNATURE

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	P	<input checked="" type="checkbox"/> Delete
NAME	CLARK, CRAIG M	
STREET ADDRESS	6285 CENTRAL AVE.	
CITY-ST-ZIP	SAINT CLOUD FL 34771	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CRAIG M CLARK	
STREET ADDRESS	8826 DUNES CT #208	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.15.03 407835896

CR2E034 (10/02)