

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA8000107518**

1. Entity Name
RAINMAKER MARKETING GROUP, INC

Principal Place of Business
**5999 CENTRAL AVE
SUITE 200
ST. PETERSBURG, FL
33710 USA**

Mailing Address
**5999 CENTRAL AVE
SUITE 200
ST. PETERSBURG, FL
33710 USA**

2. Principal Place of Business
5999 CENTRAL AVE

Suite, Apt. #, etc.
SUITE 200

City & State
ST. PETERSBURG, FL

Zip Country
33710 USA

3. Mailing Address
5999 CENTRAL AVE

Suite, Apt. #, etc.
SUITE 200

City & State
ST. PETERSBURG, FL

Zip Country
33710 USA

6. Name and Address of Current Registered Agent
EKONOMIDES, NICKOLAS C

7. Name and Address of New Registered Agent
Name **EKONOMIDES, NICKOLAS C.**
Street Address (P.O. Box Number is Not Acceptable)
201 E. KENNEDY BLVD
SUITE 1130
City **TAMPA** FL Zip Code **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.
NOT REQUIRED - SAME AGENT IN 1999

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD RICHARD A. THOMAS 5999 CENTRAL AVE, STE 200 ST. PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/24/2000 727-381-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90072 015 ***150.00

00040671

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)