

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53308

1. Entity Name

RAINFOREST TRADING COMPANY INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90060 035 ***150.00

Principal Place of Business
523 BECKRICH RD
PANAMA CITY BEACH FL 32407
US

Mailing Address
523 BECKRICH RD.
PANAMA CITY BEACH FL 32407-3616
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3133930**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MADDIX, DEBRA C.
7609 LAIRD ST
PANAMA CITY BEACH FL 32408

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.

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

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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-----------------------------------|---------------------------------|---|--|---|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MADDUX, DEBRA C | | NAME | | |
| STREET ADDRESS | 7609 LAIRD ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MADDOX, ROBERT J | | NAME | | |
| STREET ADDRESS | 7609 LAIRD ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32408 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: *Debra C. Maddux* **DeBRA C Maddux** 4:24:00 850-230-
Date Daytime Phone #

CR2E034 (9/99)