

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53308

1. Entity Name

RAINFOREST TRADING COMPANY INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90113 013 ***150.00

0463771

Principal Place of Business

523 BECKRICH RD
PANAMA CITY BEACH FL 32407
US

Mailing Address

523 BECKRICH RD.
PANAMA CITY BEACH FL 32407
US

2. Principal Place of Business

6520 Thomas Dr
Suite, Apt. #, etc.

3. Mailing Address

7609 LAIRD ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY BEACH FL

City & State

PANAMA CITY BEACH, FL

4. FEI Number

59-3133930

Applied For

Not Applicable

Zip

32408

Country

Zip

32408

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

MADDIX, DEBRA C.
7609 LAIRD ST
PANAMA CITY BEACH FL 32408

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)

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 ☐ Delete
NAME P
STREET ADDRESS MADDUX, DEBRA C
CITY-ST-ZIP 7609 LAIRD ST
PANAMA CITY BEACH FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS MADDOX, ROBERT J
CITY-ST-ZIP 7609 LAIRD ST
PANAMA CITY BEACH FL 32408

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

4-24-01

850-230-8168

CR2E034 (10/00)