


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P02000038715  
 1. Entity Name  
 RAINBOW GARDENS AT MADISON INC.



04 FEB -5 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2057 S. BYRON BUTLER PKWY.  
 Suite, Apt. #, etc.

3. Mailing Address  
539 N. MILLS AVE.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PERRY, FL

City & State  
ORLANDO, FL

Zip  
32347

Country

Zip  
32803

Country

4. FEI Number 01-0615998

Applied For  
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Dong, Chun B

Street Address (P.O. Box Number is Not Acceptable)  
2057 S. BYRON BUTLER PKWY

City PERRY FL Zip Code 32347

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.

SIGNATURE *[Signature]* DATE

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

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	DONG, CHUN B (PD)								
NAME	2057 S. BYRON BUTLER PKWY.								
STREET ADDRESS	PERRY, FL 32347								
CITY-ST-ZIP									
TITLE	CHEN, WEN L (VD)								
NAME	2057 S. BYRON BUTLER PKWY.								
STREET ADDRESS	PERRY, FL 32347								
CITY-ST-ZIP									
TITLE									
NAME									
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STREET ADDRESS									
CITY-ST-ZIP									

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

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

SIGNATURE: *[Signature]* DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Attachment

Pysonitz

**RAINBOW GARDENS AT MADISON, INC.**  
539 N Mills Ave  
Orlando, FL 32803

JAN 16,2004

Florida Department of State  
P.O.BOX 6327  
Tallahassee, FL 32314

**SUBJECT: Annual Report for 2003-2004**

~~DOCUMENT NUMBER: P02000038715~~

To whom it may concern,

Please note that we haven't received Annual Reports due to the mailing address changed. Our mailing address has changed to 539 N Mills Ave, Orlando, FL 32803.

Enclosed please find the Annual Reports and a check of \$300.00 for filing fees from year 2003 and 2004. It would be highly appreciated if you could kindly waive the penalty and update your record. Thank you.

Sincerely yours

X *Chun Bin Dong*  
DONG, CHUN B/ President