2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State
08-08-2000 90010 015 ***150.00

DOCUMENT # P95000095195

1. Entity Name
R & L RAINBOW MUFFLER SHOP, INC.

(R)

Principal Place of Business	Mailing Address
185 BELCHER ROAD SOUTH LARGO FL 34641-1906	185 BELCHER ROAD SOUTH LARGO FL 34641-1906

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3351758 ☐ Applied For ☐ Not Applicable

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
FULLER, ANITA L 185 BELCHER ROAD SOUTH LARGO FL 34641-1906	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 ____________________ 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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D MORSE, RONALD K 3225 SAN MATEO STREET CLEARWATER FL 34619-3532	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald K. Morse 31 Freshwater Dr. Palm Harbor, Fl. 34684	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSE, RONALD K 3225 SAN MATEO STREET CLEARWATER FL 34619-3532	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/00)

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: [signature] SIGNATURE REQUIRED 7-25-00 727 535-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # P950000 95195
AW1693

7/25/00

Dept. of State

To Whom It May Concern:

Please make note that the UBR Report we are sending with our payment is the only copy we received. The 1st Copy Notice never reached us. Please apply our Check As we are sorry for any inconvience this may cause.

Sincerly;
R+L Rainbow Muffler
Ronald K Moss