

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91424 026 ***150.00

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DOCUMENT # 277256

1. Entity Name
ALTON RAINBOW CORPORATION



Principal Place of Business
**400 W LAKE BRANTLEY
ALTAMONTE SPRGS FL 32714
US**

Mailing Address
**400 W LAKE BRANTLEY
ALTAMONTE SPRGS FL 32714
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1188 LakeView Dr
Suite, Apt. #, etc.

3. Mailing Address
1188 LakeView Dr
Suite, Apt. #, etc.

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

Zip
32714 Country

Zip
32714 Country

4. FEI Number **59-1036515** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MOFFIT, THOMAS H
150 VALMORA DRIVE
PO BOX 181799
CASSELBERRY FL 32718-8799**

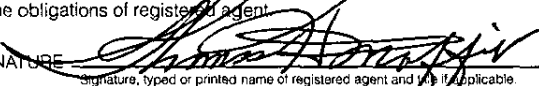
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1188 LakeView Drive

City
Altamonte Springs, FL Zip Code
32714

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  **Thomas H. Moffit** DATE **4-24-03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	MOFFIT, THOMAS, JR
STREET ADDRESS	2493 RIVERTREE CIRCLE
CITY-ST-ZIP	SANFORD FL 32771
TITLE	S <input type="checkbox"/> Delete
NAME	MOFFIT, ALICE
STREET ADDRESS	PO BOX 1327
CITY-ST-ZIP	LANSDALE PA 19446
TITLE	PD <input type="checkbox"/> Delete
NAME	MOFFIT, THOMAS
STREET ADDRESS	PO BOX 1327
CITY-ST-ZIP	LANSDALE PA 19446
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE:  **THOMAS H. MOFFIT** **2/24/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)