2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2002 8:00 AM
Secretary of State

DOCUMENT# 472165

Entity Name: RAINBOW FLOWERS, INC.

Current Principal Place of Business:

5425 BEAUMONT CTR
914
TAMPA, FL 33634 US

New Principal Place of Business:

6131 ANDERSON ROADK
K
TAMPA, FL 33634 US

Current Mailing Address:

PO BOX 152174
PO BOX 944
TAMPA, FL 33684174 US

New Mailing Address:

6131 ANDERSON ROAD
K
TAMPA, FL 33684 US

FEI Number: 59-1587141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANNON, JAMES G.
712 SOUTH WEST SHORE
TAMPA, FL 33629

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CANNON, JAMES G.,
Address: 4014 PALMIRA
City-St-Zip: TAMPA, FL

Title: VD (X) Delete
Name: CANNON, ARMAND J.,
Address: 2407 ARDSON PALCE
City-St-Zip: TAMPA FL,

Title: STD (X) Delete
Name: CANNON, LUCILLE C.,
Address: 2407 ARDSON PALCE
City-St-Zip: TAMPA FL,

Title: VPD ( ) Delete
Name: LEE, KENNETH E,
Address: 3207 MORRISON AVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CANNON, JAMES G,
Address: 712 SOUTH WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33609

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: LEE, KENNETH E,
Address: 3207 MORRISON AVE
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH E. LEE VPD 04/12/2002

Electronic Signature of Signing Officer or Director Date