

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90064 049 ***150.00

DOCUMENT # 649104

1. Entity Name

RAINBOW LANDSCAPING, INC.

Principal Place of Business

**17564 STATE RD #7
 BOCA RATON FL 33498-8026**

Mailing Address

**17564 STATE RD #7
 BOCA RATON FL 33498-8026**

432702

2. Principal Place of Business

10075 SW Greenridge Lane

Suite, Apt. #, etc.

3. Mailing Address

10075 SW Greenridge Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

59-1959456

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PLUMMER, THOMAS H
 17564 STATE RD 7
 BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name

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

10075 SW Greenridge Lane

City

Palm City

FL

Zip Code

34990

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]

Thomas Plummer

4/30/02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **PLUMMER, JEROME**
 STREET ADDRESS **5831 NORTHPOINT LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **ST** ☐ Delete
 NAME **PULLMER, THOMAS H**
 STREET ADDRESS **18381 104TH TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10075 SW Greenridge Lane**
 CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED** **Thomas Plummer** **4/30/02** **772-463-6767**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #