

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91157 023 ***150.00

DOCUMENT # 649104

1. Entity Name
RAINBOW LANDSCAPING, INC.



Principal Place of Business
**10075 SW GREENRIDGE LANE
PALM CITY FL 34990**

Mailing Address
**10075 SW GREENRIDGE LANE
PALM CITY FL 34990**

11041301



2. Principal Place of Business

3. Mailing Address

PO Box 2167

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

4. FEI Number **59-1959456**

Applied For
Not Applicable

Zip

Country

Zip

Country

34991

USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLUMMER, THOMAS H
10075 SW GREENRIDGE LANE
PALM CITY FL 34990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PLUMMER, JEROME**
STREET ADDRESS **10075 SW GREENRIDGE LANE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **P** ☒ Change ☐ Addition
NAME **Plummer, Jerome**
STREET ADDRESS **6352 Duckweed Road**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **ST** ☐ Delete
NAME **PULLMER, THOMAS H**
STREET ADDRESS **18361 104TH TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **ST** ☒ Change ☐ Addition
NAME **Plummer, Thomas H**
STREET ADDRESS **5416 Stately Oaks St.**
CITY-ST-ZIP **Ft. Pierce, FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED *Thomas Plummer*

4/30/03

772.463.6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)