## 2900 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66285  1. Entity Name  RAINBOW VIEW, INC.					Feb 16, 2000 8:00 am Secretary of State 02-16-2000 90002 014 ***150.00				
Principal Place of Business  1746 CENTRAL AVE ST PETERSBURG FL 33712 - 1342 US		Mailing Address P.O. BOX 12708 ST PETERSBURG FL 33733-2708 US				D <b>00</b>	14987		
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-2155156	IN THIS SPACE	Apr	olied For
Zip	Country	Zip -	Country		5. Certificate of			Not 5 Addit equired	
	6. Name and Address of Current Re	egistered Agent			7. Name and A	ddress of New Reg	istered Agent		
RICHARD J. RENAUD 1746 CENTRAL AVE			Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)					
	PETERSBURG FL 33712 - 1342	2							
01.1	ETERODORIO   E 30/12		City				FL Zi	p Code	
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its intangible equirement and elects to do so.	FILE NOW!!! I After MAY 1, 2000 Make Check Payable 6	Fee will be \$55	0 50.00	10. Electi	ion Campaign Finar Fund Contribution.			May Be to Fees
11.	OFFICERS AND DI		12.		ADDITIONS/CH	HANGES TO OFFIC	ERS AND DIRE	STORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PROFITT, WILLIAM C. 566-13TH AVE NE ST. PETERSBURG FL	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		-	WILLIAM (			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RENAUD, RICHARD J. 4001 PARK ST. N. #3 ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		6 CENTR PETERSB		⊠ co 3712-13		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROFFITT, PAULA J. 566-13TH AVE NE ST. PETERSBURG FL	Delete Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	ST	PETERSB	URG_FL_3.		09	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				cı		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ cı	iange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ cı	iange	☐ Addition
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empoyor on an attachment with an address, with an address, with an address.	ue and accurate and that my served to execute this report as I	sionature shall ha	ve the sa	ame legal effect a	s if made under oa	th: that I am an c	officer o	or director 1

EII ED

SIGNATURE: Richard J Renaud (R J Renaud)1/28/00 727-821-4204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #