

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H47019

1. Entity Name

RAINBOW SCAFFOLDING AND EQUIPMENT COMPANY

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90076 041 \*\*\*150.00

Principal Place of Business

10729 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32256

Mailing Address

10729 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32256-1554

2. Principal Place of Business

6602 COLRAY CT.

3. Mailing Address

6602 COLRAY CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

Zip

32258

Country

Zip

32258

Country

4. FEI Number

59-2550922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIELD, EDWARD A.  
10729 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

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

6602 COLRAY CT.

City

JACKSONVILLE

FL

Zip Code

32258

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

*Edward A. Field* PRES

3-27-00

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, 2000 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 PD  
NAME FIELD, EDWARD A.  
STREET ADDRESS 10729 PHILLIPS HIGHWAY  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 6602 COLRAY CT.  
CITY-ST-ZIP 32258

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

904 2627122

Daytime Phone #

CR2E034 (9/99)