

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90190 019 ***150.00

DOCUMENT # **H47019**

1. Entity Name

**RAINBOW SCAFFOLDING AND
EQUIPMENT COMPANY**



DO NOT WRITE IN THIS SPACE

90089330

2. Principal Place of Business

6602 COLRAY CT.

Suite, Apt. #, etc.

3. Mailing Address

6602 COLRAY CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL.

Zip

32258

Country

City & State

JACKSONVILLE, FL.

Zip

32258

Country

4. FEI Number

59-2550922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Barbara M. Field

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

SIGNATURE

Barbara M. Field

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PD**
NAME **FIELD, EDWARD A. - DELETE**
STREET ADDRESS **6602 COLRAY CT**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **CHARLETO FIELD BARBARA M.**
NAME **6602 COLRAY CT.**
STREET ADDRESS **JACKSONVILLE, FL 32258**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other, like, empowered.

SIGNATURE

Barbara M. Field

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

904-2627122

Daytime Phone #

CR2E034B (12/02)