

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83142

1. Entity Name  
RAINBOW LANES, INC.

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90005 040 \*\*\*550.00

Principal Place of Business

1225 S. HIGHLAND  
CLEARWATER FL 33756  
US

Mailing Address

1225 S. HIGHLAND  
CLEARWATER FL 33756  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2834349

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BILL PETTINATO  
2480 ALHAMBRA COURT  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name Kim B. Wong  
Street Address (P.O. Box Number is Not Acceptable)

2355 Nursery Rd.  
Clearwater FL 33764

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 Kim B. Wong - Owner

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

(NOTE: Registered Agent signature required when reinstating)

12 Sept 01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME WONG, KIM BO  
STREET ADDRESS 2365 NURSERY RD  
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE ST  
NAME PETTINATO, BILL A.  
STREET ADDRESS 2480 ALHAMBRA CT  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE V  
NAME PETTINATO, LUCY  
STREET ADDRESS 2480 ALHAMBRA CT.  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ 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

12 Sept 01 (727) 9428147

Date

Daytime Phone #

0091073 AV

CR2E034 (5/01)