

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J86216

1. Entity Name

RAINBOW IRRIGATION AND PUMP COMPANY

Principal Place of Business

1601 BALMORAL DR
CLEARWATER FL 33756
US

Mailing Address

PO BOX 8577
CLEARWATER FL 33758-8577
US

2. Principal Place of Business

Suite, Apt. #, etc.

1115 PONCE DE LEON BLVD

City & State

BELLAIR, FL

Zip

33756

Country

US

3. Mailing Address

Suite, Apt. #, etc.

1115 Ponce De Leon Blvd

City & State

BELLAIR, FL 33756

Zip

33756

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2863339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENDER, KEVIN

1601 BALMORAL DR.

CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

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

12916 SELMA AVE.

City

Tampa

FL

Zip Code

33635

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 P
NAME BENDER, KEVIN
STREET ADDRESS 1601 BALMORAL DR
CITY-ST-ZIP CLEARWATER FL

☐ Delete

TITLE TS
NAME BENDER, JEAN
STREET ADDRESS 608 2ND AVE NW
CITY-ST-ZIP LARGO FL 33770

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 12916 SELMA AVE.
CITY-ST-ZIP TAMPA, FL 33635

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Kevin C. Bender* *Jean C. Bender*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 (727) 398-1816
Date Daytime Phone #

CR2E034 (9/01)