## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2002 8:00 am Secretary of State

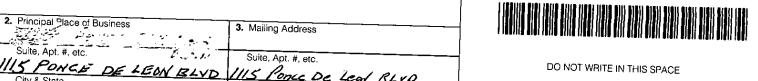
05-05-2002 90311 044 \*\*\*150.00

## DOCUMENT # J86216 1. Entity Name RAINBOW IRRIGATION AND PUMP COMPANY Principal Place of Business Mailing Address

1601 BALMORAL DR CLEARWATER FL 33756

PO BOX 8577

CLEARWATER FL 33758-8577



City & State 4. FEI Number BELLAIR 59-2863339 Applied For Zip Country Not Applicable Zip Country 33756 \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

Bender, Kevin 1601 BALMORAL DR. CLEARWATER FL 33756

SIGNATURE

7. Name and Address of New Registered Agent Name

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

12916 SELMAAVE

Zip Code 3*3 6* 3 5

Fee Required

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, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00, After May 1, 2002 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

(See criteria on back) Make Check Payable to Department of State Added to Fees 11: OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAMÉ BENDER, KEVIN ☐ Change NAME STREET ADDRESS 1601 BALMORAL DR 12916 SELMA Ave. STREET ADDRESS CITY-ST-7IP CLEARWATER FL Tam Pa, 1-1.34635 CITY-ST-ZIP TITLE ☐ Delete TITE NAME BENDER, JEAN Change ☐ Addition NAME 608 2ND AVE NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33770 CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

(9/01)