

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90057 048 ***150.00

DOCUMENT # L28535

1. Entity Name
 RAINBOW PAINTERS, INC.

Principal Place of Business
 C/O WAYNE E. "JAKE" RILEY
 1214 VARELA STREET
 KEY WEST FL 33040

Mailing Address
 C/O WAYNE E. "JAKE" RILEY
 1214 VARELA STREET
 KEY WEST FL 33040-3314



2. Principal Place of Business
 1009 17th St.

3. Mailing Address
 1009 17th St.

Suite, Apt. #, etc.

City & State
 Same

City & State
 Same

Zip
 Same

Country
 Same

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0229499

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 RILEY, WAYNE E. "JAKE"
 1214 VARELA STREET
 KEY WEST FL 33040

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RILEY, WAYNE E. "JAKE" 1214 VARELA STREET KEY WEST FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition - 1009 17th St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RILEY, ELLEN E 1214 VARELA ST KEY WEST FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition - 1009 17th St.
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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: *Wayne E. Riley* **5/1/2000** **(305) 294-4837**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)