

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L77525

1. Entity Name

RAINBOW ELECTRIC COMPANY OF TAMPA BAY, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90083 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O JOHN COLLINS  
P.O. BOX 8831  
MADERIA BEACH FL 33738  
US

Mailing Address  
C/O JOHN BL COLLINS  
P.O. BOX 8831  
MADEIRA BEACH FL 33738-8831  
US

2. Principal Place of Business  
11337 STARKEY RD

3. Mailing Address  
11337 STARKEY RD

Suite, Apt. #, etc.

SUITE F1

Suite, Apt. #, etc.

SUITE F1

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number 59-3024130

Applied For

Not Applicable

Zip  
33773

Country  
U.S.

Zip  
33773

Country  
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, JOHN B.  
6006 SEMINOLE BLVD.  
SUITE 324  
SEMINOLE FL 33738

Name  
COLLINS, JOHN B.  
Street Address (P.O. Box Number is Not Acceptable)  
11337 STARKEY RD.  
SUITE F1  
City  
LARGO FL Zip Code  
33773

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, 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  
D  
COLLINS, JOHN B.  
6006 SEMINOLE BLVD., STE. 324  
SEMINOLE FL

☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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COLLINS, JOHN B.  
6006 SEMINOLE BLVD, STE 324  
SEMINOLE FL

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT 1-23-00 727 391-7499

CR2E034 (9/99)