

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90252 014 ***150.00

DOCUMENT # M12915

1. Entity Name

RAINBOW SPRINGS CONSTRUCTION CORP.

Principal Place of Business

**% CHASE ENTERPRISES
ONE COMMERCIAL PLAZA
HARTFORD CT 06103**

Mailing Address

**% CHASE ENTERPRISES
ONE COMMERCIAL PLAZA
HARTFORD CT 06103****ATTN: JOSEPH KORZENIK****ATTN: JOSEPH KORZENIK**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1618818**

Applied For

Not Applicable

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

**NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301**

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

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, 2001 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	OV -	<input type="checkbox"/> Delete
NAME	STEELE, RICHARD B.	
STREET ADDRESS	ONE COMMERCIAL PLAZA -	
CITY-ST-ZIP	HARTFORD CT -	
TITLE	DT	<input type="checkbox"/> Delete
NAME	REDDING, JOHN P.	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	S	<input type="checkbox"/> Delete
NAME	KORZENIK, JOSEPH	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	DR -	<input type="checkbox"/> Delete
NAME	COLLINS, JAMES T.	
STREET ADDRESS	8625 S/W 200TH CIRCLE -	
CITY-ST-ZIP	DUNNELLON FL -	
TITLE	AV	<input type="checkbox"/> Delete
NAME	CROOK, LARRY M.	
STREET ADDRESS	8625 S/W 200TH CIRCLE	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, DAVID	
STREET ADDRESS	8625 S/W 200th CIRCLE	
CITY-ST-ZIP	DUNNELLON, FL 34431	
TITLE	DIRECTOR/VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORCO, ERNEST A.	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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

Joseph Korzenik, Secretary

4/3/01

860/293-4315

Date

Daytime Phone #

CR2E034 (10/00)