

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000004446

FILED
Apr 26, 2003
Secretary of State

Entity Name: RAINBOW TRAVEL CLUB, INC.

Current Principal Place of Business:

3021 WEST AZEELE ST
TAMPA, FL 33609

New Principal Place of Business:

3021 WEST AZEELE ST
TAMPA, FL 33609 US

Current Mailing Address:

3021 WEST AZEELE ST
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIGA, SANTIAGO J
88 45TH AVENUE
ST PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

GARCIGA, SANTIAGO J
4110 WEST PLATT ST
TAMPA, FL 33609 US

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: SANTIAGO J GARCIGA

04/26/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIGA, SANTIAGO
Address: 88 45TH AVE
City-St-Zip: ST PETE BEACH, FL 33706 US

Title: VPD () Delete
Name: MURDOCK, GUY
Address: 88 45TH AVE
City-St-Zip: ST PETE BEACH, FL 33706 US

Title: SD () Delete
Name: GARCIGA, MARIA N
Address: 4111 FIG STREET
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARCIGA, SANTIAGO
Address: 4110 WEST PLATT ST
City-St-Zip: TAMPA, FL 33609 US

Title: VPD (X) Change () Addition
Name: MURDOCK, GUY
Address: 4110 WEST PLATT ST
City-St-Zip: TAMPA, FL 33609 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTIAGO GARCIGA

PD

04/26/2003

Electronic Signature of Signing Officer or Director

Date