

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90830 021 ***150.00

DOCUMENT # P00000013384

1. Entity Name
RAINBOW ACCOUNTING & TAX SERVICES, INC.



Principal Place of Business
3609 71ST TERRACE EAST
SARASOTA FL 34243

Mailing Address
P O BOX 1298
ONECO FL 34264-1298

2. Principal Place of Business
8612 FANTASIA PK WAY

3. Mailing Address
PO BOX 1159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
RIVERVIEW, FL. 33569

City & State
RIVERVIEW, FL. 33568

4. FEI Number **65-0679472**

Applied For
Not Applicable

Zip **33569** **Country** **HILLSBOURGH**

Zip **33568** **Country** **HILLSBOURGH**

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

WORDEN, JEAN
3609 71ST TERRACE EAST
SARASOTA FL 34243

Name
JEAN WORDEN

Street Address (P.O. Box Number is Not Acceptable)
8612 FANTASIA PK WAY

City **RIVERVIEW** **FL** **Zip Code** **33569**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *JEAN WORDEN* **JEAN WORDEN** **APRIL 28, 2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **WORDEN, JEAN**
STREET ADDRESS **3609 71ST TERRACE EAST**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D/P** ☒ **Change** ☐ **Addition**
NAME **JEAN WORDEN**
STREET ADDRESS **8612 FANTASIA PK WAY**
CITY-ST-ZIP **RIVERVIEW, FL. 33569** ☐ **Change** ☐ **Addition**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JEAN WORDEN* **JEAN WORDEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 2003 813-671-5929

Date Daytime Phone #

CR2E034 (10/02)