

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90201 021 ***150.00

0455/59
 AV

DOCUMENT # P00000025613

1. Entity Name

RAINBOW MOBILE HOME SALES, INC.

Principal Place of Business

**6160 ULMERTON ROAD #7
 CLEARWATER FL 33760**

Mailing Address

**6160 ULMERTON ROAD #7
 CLEARWATER FL 33760**

2. Principal Place of Business

36227 US 19 N.

3. Mailing Address

36227 US 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL.

City & State

PALM HARBOR, FL

Zip

Country

34694 PINELLAS

Zip

Country

34694 PINELLAS

4. FEI Number

59-3639076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MCLACHLAN, BRYAN K

**9750 SEMINOLE BLVD 7985 113th St. N. #340
 SEMINOLE FL 33775**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7985 113th St. N.

Suite # 340

City

SEMINOLE

FL

Zip Code

33775

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, 2002 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

TITLE **D** ☐ Delete
 NAME **TURNER, GARY A**
 STREET ADDRESS **4794 INNISFIL ST**
 CITY-ST-ZIP **PALM HARBOR FL 34689**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY A TURNER 4-25-02 727-286-8988

Date

Daytime Phone #

CR2E034 (9/01)