

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90112 048 ***150.00

0674973 FP

DOCUMENT # P00000032801

1. Entity Name
RAINBOW MARINA, INC.



Principal Place of Business
12540 C.R. 561
CLERMONT FL 34711

Mailing Address
1982 SR 44 #360
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business

2600 W LAKE ELOISE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

2600 W LAKE ELOISE DRIVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

WINTER HAVEN FL

Zip
33884

Country
POLK

City & State

WINTER HAVEN FL

Zip
33884

Country
POLK

4. FEI Number **59-3636103**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HANCOCK, W. BRUCE
12540 C.R. 561
CLERMONT FL 34711

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 **D** ☐ **Delete**
NAME **HANCOCK, W. BRUCE**
STREET ADDRESS **12540 C.R. 561**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **D** ☐ **Delete**
NAME **THOMPSON, RICHARD B**
STREET ADDRESS **12540 C.R. 561**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **BRUCE HANCOCK** **3-31-03** **863-318-9300**

Date **Daytime Phone #**

CR2E034 (10/02)