

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90057 027 \*\*\*150.00

**DOCUMENT # P00000094872**

1. Entity Name

**RAINBOW ENTERPRISES OF SARASOTA, INC.**



Principal Place of Business

**7806 34TH COURT EAST  
BRADENTON FL 34243**

Mailing Address

**7806 34TH COURT EAST  
BRADENTON FL 34243**

2. Principal Place of Business

**1330 MARTIN LUTHER KING JR  
Suite, Apt. #, etc.**

3. Mailing Address

**7806 34TH COURT EAST  
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

**SARASOTA, FL  
Zip 34234 Country USA**

City & State

**SARASOTA, FL  
Zip 34243 Country USA**

4. FEI Number

**05-1047020**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MORAN, MICHAEL**

**1800 SECOND STREET**

**SUITE 850**

**SARASOTA FL 34236**

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

**GARY FALCONER Pres.**

**03/10/03**

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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BOOTH, GEORGE**  
CITY-ST-ZIP **7806 34TH COURT EAST  
BRADENTON FL 34243 SARASOTA**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FALCONER, GARY**  
CITY-ST-ZIP **7806 34TH COURT EAST  
BRADENTON FL 34243 SARASOTA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **X**

**SIGNATURE REQUIRED**  
**GARY FALCONER**

**03/10/03**

**941 518-4916**

Date

Daytime Phone #

CR2E034 (10/02)