

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90158 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000101933**

**1. Entity Name**  
**RAINBOW SIGNS NEW CORPORATION**

**Principal Place of Business**

**400 NE 3RD ST**  
**DELRAY BEACH FL 33483**

**Mailing Address**

**400 NE 3RD ST**  
**DELRAY BEACH FL 33483**

**2. Principal Place of Business**

**346-12 NE 4TH ST**  
**DELRAY BEACH FL**

**3. Mailing Address**

**346-12 NE 4TH ST**  
**DELRAY BEACH FL**

**City & State**

**DELRAY BEACH FL**

**City & State**

**DELRAY BEACH FL**

**4. FEI Number**

**65-1148838**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**33444**

**PALM BEACH**

**Zip**

**Country**

**33444**

**PALM BEACH**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**REIDENBACH, MELINDA M**  
**400 NE 3RD ST**  
**DELRAY BEACH FL 33483**

**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.**

**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** PD ☐ Delete  
**NAME** REIDENBACH, MELINDA M  
**STREET ADDRESS** 2645 ALBATROSS RD, NORTH, #B  
**CITY-ST-ZIP** DELRAY BEACH FL 33444

**TITLE** VD ☐ Delete  
**NAME** MICKEL, JAMES R  
**STREET ADDRESS** 566 SW 20TH CT #A  
**CITY-ST-ZIP** DELRAY BEACH FL 33445

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☒ Change ☐ Addition  
**NAME** REIDENBACH MELINDA  
**STREET ADDRESS** 2680 ALBATROSS RD N APT. C  
**CITY-ST-ZIP** DELRAY BEACH FL 33444

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

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

**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

Date

Daytime Phone #

CR2E034 (9/01)