


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 001 ***150.00

DOCUMENT # <i>P020000 17224</i>	
1. Entity Name <i>RAINBOW POOL CARE, INC.</i>	

DO NOT WRITE IN THIS SPACE

11013859

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>747 Mallard Dr.</i>		Suite, Apt. #, etc. <i>747 Mallard Dr.</i>	
City & State <i>Delray Beach, FL</i>		City & State <i>Delray Beach, FL</i>	
Zip <i>33444</i>	Country <i>USA</i>	Zip <i>33444</i>	Country <i>USA</i>

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4. FEI Number <i>04-3606142</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <i>Guy Mueller</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>747 Mallard Dr.</i>	
	City <i>Delray Beach</i>	FL Zip Code <i>33444</i>

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: *Guy Mueller*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President Guy A. Mueller 747 Mallard Dr. Delray Beach, FL 33444</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Guy Mueller* *Guy Mueller* 4/21/03 561-278-6177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)