

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000059629

FILED
Apr 18, 2003
Secretary of State

Entity Name: RAINBOW KIDS THERAPY, INC.

Current Principal Place of Business:

115 112TH AVE. NE
214
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

115 112TH AVE. NE
214
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 33-1006619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALRYMPLE, JOHN G
115 112TH AVE NE
214
ST. PETERSBURG, FL 33716

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABBATIELLO, MARIA E
Address: 115 112TH AVE NE #214
City-St-Zip: ST. PETERSBURG, FL 33716

Title: V () Delete
Name: DALRYMPLE, JOHN G
Address: 115 112TH AVE NE #214
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN G DALRYMPLE

V

04/18/2003

Electronic Signature of Signing Officer or Director

Date