

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90252 044 ***150.00

DOCUMENT # / *P95000029872*
 1. Entity Name
RAINBOW-EARTH LTD. INC

Principal Place of Business Mailing Address

A0068402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
417 E 7th Ave
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

4. FEI Number

59-3318279

Applied For

Not Applicable

Zip Country
32303 LEON

Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREG Falstrom
417 E 7th Ave
Tallahassee, FL 32303

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

GREG Falstrom
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4.27.01
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME *President*
 STREET ADDRESS *John D. Young*
 CITY-ST-ZIP *2248 Windsor Ave S.W. Rome, GA 30105*

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

TITLE ☐ Delete
 NAME *VP President*
 STREET ADDRESS *GREG Falstrom*
 CITY-ST-ZIP *417 E 7th Ave Tallahassee, FL 32303*

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

GREG Falstrom
4.27.01 982-8578
 Date Daytime Phone #

CR2E034 (11/00)