

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90104 027 \*\*\*150.00

**DOCUMENT # P95000048255**

1. Entity Name

**RAINBOW MID-TOWN DRY CLEANERS, INC.**



Principal Place of Business  
**4146 W. KENNEDY BLVD.**  
**TAMPA FL 33609**  
**US**

Mailing Address  
**4146 W. KENNEDY BLVD.**  
**TAMPA FL 33609**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3328175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRICARICO, VINCENT A.**  
**502 PINWOOD DR**  
**OLDSMAR FL 34677**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PAS**  
**TRICARICO, ANTHONY**  
**5445 BAYWATER DRIVE**  
**TAMPA FL**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPST**  
**TRICARICO, VINCENT**  
**502 PINWOOD DR**  
**OLDSMAR FL 34677**

☐ Delete

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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**VINCENT TRICARICO**

9/04/03

(813)289-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment# 90156374

PA5066048255

DIVISION OF CORPORATIONS  
ANNUAL REPORT  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314-6327

SEPTEMBER 8, 2003

RE: RAINBOW MID TOWN DRY CLEANERS, INC.  
4146 WEST KENNEDY BLVD.  
TAMPA, FL. 33609  
(813) 289-4900

Stacy:

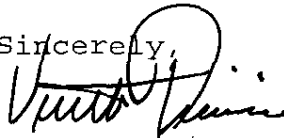
In reference to our telephone conversation I am following  
your instructions.

Rainbow Mid Town Dry Cleaners, Inc. did not receive the original  
Annual Report for the last year our address has not changed  
I have just gone thru a heart attach and it has been a difficult  
time for me to keep track of everything.

I am sending a check with the signed form you mailed me for  
\$150.00. Please abate any penalties related to this filing.  
Therefore, upon your instructions I am completing the report  
and sending it in along with the filing fee.

If additional information is needed please let me know.

Sincerely,



VINCENT TRICARICO, V. President