4 2002 UNIFORM BUSINESS REPORT (UBR)

P96000056844 **DOCUMENT#**

1. Entity Name

RAINBOW EMBROIDERY INC.

Principal Place of Business 4275 SAVANNAHS/TRAIL MERRITT ISLAND FL 32953

2. Principal Place of Business

RAINROW EMBROIDERY

Mailing Address

3. Mailing Address

4275 SAVANNAHS TRAIL MERRITT ISLAND FL 32953

COA

FILED Jul 16, 2002 8:00 am Secretary of State 07-16-2002 90347 032 ***150.00



| Suite, Apt. #, etc. | | | | | | | DO NOT WHITE IN THIS SPACE | | | | |
|---|------------------------|---------------------------------------|----------------------------------|-----------------|--|--------------------------|--|-----------------|---------------------------|---------------------------------|--|
| City & MERRITT ISLAND, FL 32953 City & State | | | | | | 4. FEI Number 59-3387198 | | | | plied For | |
| 17 1 | | 17 440 0004 | | | | | 39 000 10 | | | ot Applicable | |
| Zip | (321):449-8884 Zip Co. | | | Countr | | | | | \$8.75 Add Fee Require | . 75 Additional Required | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | | Name | | | | | ŀ | |
| SPENCER, SAMUEL S | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 4275 SAVANNAHS TRAIL | | | | | Street Auc | 11655 (F.O. D | ox Number is Not Accepte | | | | |
| | | | | Ī | | | | | | , | |
| MERRITT ISLAND FL 32953 | | | | | | City FL Zip Code | | | | | |
| | named entit | | the purpose of changing its | registere | d office or re | egistered age | ent, or both, in the State of | Florida. I ar | n familiar with, | and accept | |
| | 4 | | | | | | | | | | |
| SIGNATURE. | Signature, typed | or printed name of registered agent a | and title if applicable. (NOTE | Agent signature | required when re | einstating) | DATE | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 13, 20 Make Check Payable to | | | | | ee will be | \$750.00 | 10. Election Campaign Trust Fund Contribu | - | | May Be I to Fees | |
| 11. OFFICERS AND DIRECTORS 12. | | | | | | AD | DITIONS/CHANGES TO C | FFICERS AN | ID DIRECTOR | Š IN 11 | |
| TIHLE | P | · n=11 | ☐ Delete | TITLE | T | | | | ☐ Change | ☐ Addition | |
| NAME | SPENCER | I, SAMUEL J | | NAME | İ | | | • | | | |
| STREET ADDRESS | 4275 SAV | ANNAHS TRAIL | | STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | MERRITT | ISLAND FL 32953 | | CITY- | ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS | 4275 SAV | , SAMUEL J ANNAHS TRAIL | ☐ Delete | | T ADDRESS | | | | Change | ☐ Addition | |
| CITY-ST-ZIP | MERRITT | ISLAND FL 32953 | | | ST-ZIP | | | | | | |
| _TITLE ,. | ~~ | | ☐ Delete - | TITLE | | · · | ~ * | | Change | ☐ Addition | |
| NAME | | | | NAME | T ADDRESS | | | | | | |
| STREET ADORESS | | | | | ST-ZIP | | | | | | |
| CITY-ST-ZIP | | | | 1 | | | | | Change | Addition | |
| TITLE | <u> </u> | | ☐ Delete | TITLE NAME | | | | | onlinge | | |
| NAME STREET ADDRESS | | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | | | |
| | | | Delete | TITLE | | ··· | <u></u> | | ☐ Change | Addition | |
| TITLE NAME | | | □ Delete | NAME | } | | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | CITY- | ST-ZIP | | | | | ļ | |
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| NAME | Į | | | NAME | i | | | | • | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | CITY- | ST-ZIP | | | | | | |
| 13. I hereby | certify that th | e information supplied with | this filing does not qualify for | r the exer | nption state | d in Section | 119.07(3)(i), Florida Statut | es. I further o | ertify that the | nformation | |

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.

منجدي

JUDELMAN 196000056844 119614

July 5, 2002

Dean dept of heurice,

Jealled your office today to ask why our fee was

\$550. instead of \$150. I was told that the difference
was a lote fee penalty and that I should write
you this letter stating that this is the first notice
we have received this year.

The address on your record is wrong.

Our connect address is 120 VENETIAN WAY
UNIT 15
MERRITT ISL. FL 32953.

all of own State + Federal records have our connect address. I am sure I must have matified your office as well. Con you please connect our address.

we are pleading fer your consideration in this matter and asking you to waive the penalty. We have never been late before. This best of penalty will kunt us badly. The operator today, told me to send you the enclosed cheek for \$150. * to hape for the best.

Sterbyou Joyce Spencen