

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90074 050 ***158.75

DOCUMENT # P97000000237

1. Entity Name
RAINBOW DRAPERIES, INC.



Principal Place of Business
**11085 S.E. 175TH PLACE
SUMMERFIELD FL 34491**

Mailing Address
**11085 S.E. 175TH PLACE
SUMMERFIELD FL 34491**

2. Principal Place of Business

36134 Poinsettia Ave

Suite, Apt. #, etc.

Fruitland Park

City & State

FL

Zip

34731

Country

USA

3. Mailing Address

36134 Poinsettia Ave

Suite, Apt. #, etc.

Fruitland Park

City & State

FL

Zip

34731

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3423325

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ENGLAND, THOMAS E
11085 S.E. 175TH PLACE
SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent

Name **England, Thomas E**

Street Address (P.O. Box Number is Not Acceptable)

36134 Poinsettia Ave

Fruitland Park

City

FL

Zip Code

34731

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☐ Delete
NAME **ENGLAND, THOMAS E**
STREET ADDRESS **11085 S.E. 175TH PLACE**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **D** ☐ Delete
NAME **ENGLAND, NANCY A**
STREET ADDRESS **11085 S.E. 175TH PLACE**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **England, Thomas E**
STREET ADDRESS **36134 Poinsettia Ave**
CITY-ST-ZIP **Fruitland Park, FL 34731**

TITLE ☒ Change ☐ Addition
NAME **England, Nancy A**
STREET ADDRESS **36134 Poinsettia Ave**
CITY-ST-ZIP **Fruitland Park FL 34731**

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

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

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

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

CR2E034 (10/02)

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:

Nancy A England, President

01-16-03 352-753-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #