

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022293

1. Entity Name

RAYNEBOW PAINTING COMPANY OF BREVARD, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90116 042 ***150.00

Principal Place of Business

2445 QUARTERMAN LANE
MALABAR FL 32950

Mailing Address

P O BOX 500395
MALABAR FL 32950
US

C0048209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1351 SAPULA RD SW
Suite, Apt. #, etc.

3. Mailing Address

1351 SAPULPA RD SW
Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

PALM BAY, FL

4. FEI Number

59-3433193

Applied For

Not Applicable

Zip

32908

Country

USA

Zip

32908

Country

USA

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

ANDERSON, J P
930 SOUTH HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

Name

JONES, JESSE W.

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

1351 SAPULA RD SW

City

PALM BAY, FL

FL

Zip Code
32908

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

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

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME CHALK, CHARLES R
STREET ADDRESS POST OFFICE BOX 500395
CITY-ST-ZIP MALABAR FL 32950

TITLE DVP ☐ Change ☐ Addition
NAME CHALK, CHARLES R.
STREET ADDRESS 8015 169th ROAD
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE D ☒ Delete
NAME CHALK, PAMELA J
STREET ADDRESS POST OFFICE BOX 500395
CITY-ST-ZIP MALABAR FL 32950

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

TITLE AVP ☐ Delete
NAME CHALK, CHESTER A
STREET ADDRESS 216 JUNIOR AVE
CITY-ST-ZIP COCOA FL 32926

TITLE AVP ☐ Change ☐ Addition
NAME CHALK, CHESTER A.
STREET ADDRESS 1017 MONTCLAIR ROAD
CITY-ST-ZIP COCOA, FL 32922

TITLE AVP ☒ Delete
NAME CHALK, GREGORY L
STREET ADDRESS 434 SARAGASSA AVENUE SW
CITY-ST-ZIP PALM BAY FL 32908

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Change ☒ Addition
NAME JONES, JESSE W.
STREET ADDRESS 1351 SAPULA RD SW
CITY-ST-ZIP PALM BAY, FL 32908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Change ☒ Addition
NAME JONES, ANDREA T.
STREET ADDRESS 1351 SAPULPAD RD SW
CITY-ST-ZIP PALM BAY, FL 32908

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

JESSE W. JONES 4/9/01 321-674-0928

Date

Daytime Phone #

CR2E034 (10/00)