2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P97000059512 1. Entity Name RAINBOW ROAD, INC. 04-24-2000 90105 043 ***150.00 Mailing Address Principal Place of Business 1342 SAND CASTLE RD 975 RABBIT ROAD SANIBEL FL 33957 SANIBEL FL 33957-3621 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 38-2172207 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORNILA, DAN JR Street Address (P.O. Box Number is Not Acceptable) 1342 SAND CASTLE RD SANIBEL FL 33957 Zip Code City 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 Dan Cornila Jr. (NOTE: Registered Agent signature required when reinstating) ntland title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE PVTD X Change ☐ Addition 🔀 Delete TITLE HUDSON, NANCY JANE HUDSON, NANCY JANE NAME NAME 1342 SAND CASTLE RD. 1342 SAND CASTLE RD STREET ADDRESS STREET ADDRESS SANIBEL, FL 33957 CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP VSTD Change ☐ Addition TITLE ☑ Delete TITLE CORNILLA, DAN JR NAME CORNILA, DAN JR. NAME 1342 SAND CASTLE RD STREET ADDRESS STREET ADDRESS 1342 SAND CASTLE RD. CITY-ST-7IP CITY-ST-ZIP SANIBEL FL 33957 SANIBEL, FL 33957 ☐-Change — - ☐ Addition -Detete ATTLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Prome V