FILED
Jul 16, 2003 8:00 am
Secretary of State
06-16-2003 90147 016 ***150.00
07-16-2003 90042 029 ***400.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/16

[redacted]

DOCUMENT # P97000106939

1. Entity Name
THE MAJACAL RAINBOW COMPANY

Principal Place of Business	Mailing Address
545 BECKLEY RD AUBURNDALE FL 33823	545 BECKLEY RD AUBURNDALE FL 33823

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
545 Beakley Rd	545 Beakley Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Auburndale, Fl.	City & State: Auburndale Fl.
Zip: 33823 Country: Polk	Zip: 33823 Country: Polk

4. FEI Number 59-3495145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VICKERS, MELTON D
1417 MORGANWOOD DRIVE
LAKELAND FL 33801

7. Name and Address of New Registered Agent
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 $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICKERS, MEHON 1417 MORGANWOOD DR LAKELAND FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/25/2003 863/967-4099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)