

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037475

1. Entity Name
RAINBOW WALLCOATINGS, INC.

Principal Place of Business
8848 BELLE RIVE BLVD.
JACKSONVILLE FL 32256

Mailing Address

8848 BELLE RIVE BLVD.
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **59-3510156** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

HALL, CHARLES E JR.
77 ALMERIA ST
ST. AUGUSTINE FL 32084

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.

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, 2002 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

TITLE **PTS**
NAME **ATTEO, DOMINICK**
STREET ADDRESS **8848 BELLE RIVE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

Delete

TITLE **VP**
NAME **ATTEO, DOMINICK**
STREET ADDRESS **8848 BELLE RIVE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Dominick Atteo*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90168 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034/6/01

04-
April 26, 02 710-1806
Daytime Phone #