

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90288 001 ***144.30
 02-27-2002 90288 002 *****5.70

DOCUMENT # P98000091476

1. Entity Name

RAINBOW CHILD CARE, INC.

Principal Place of Business

1425 WEST ORANGE BLOSSUM TRAIL
 APOPKA FL 32703

Mailing Address

1425 WEST ORANGE BLOSSUM TRAIL
 APOPKA FL 32703

2. Principal Place of Business

Rainbow Childcare, Inc.

3. Mailing Address

1425 West Orange Blossum Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange

City & State

APOPKA FL 32703

4. FEI Number

59-3499950

Applied For

Not Applicable

Zip

32712

Country

Orange

Zip

32712

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ENGLISH, KIMBERLY
 369 LANCER OAK DR
 APOPKA FL 32703

7. Name and Address of New Registered Agent

Name Kimberly English

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

369 Lancer Oak

City

APOPKA

FL

Zip Code

32712

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

Kimberly English

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

NOTE: Registered Agent signature required when reinstating)

2/15/02

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 **P** ☐ Delete
 NAME **ENGLISH, KIMBERLY**
 STREET ADDRESS **1425 WEST ORANGE BLOSSUM TRAIL**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP

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:

Kimberly English

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)