


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90030 033 ***308.75

DOCUMENT # P98000091476	
1. Entity Name Rainbow childcare INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Rainbow childcare INC		3. Mailing Address 1425 West Orange Blossom Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Apopka Fla		City & State Apopka Fla	
Zip 32703	Country orange	Zip 32703	Country orange

40011342

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-349-9950		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired X		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name Rainbow childcare INC		
Street Address (P.O. Box Number is Not Acceptable) 1425 West Orange Blossom Trail		
City Apopka FL		
Zip Code 32703		

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	owner / Director Kimberly Engel 186 Winding Cove Apopka 32703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

2/2/03

CR2E037B (12/02)