

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050727

1. Entity Name
RAINBOW PRODUCTS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90017 021 ***150.00

Principal Place of Business

Mailing Address

2614 EAST 109TH AVENUE
TAMPA FL 33612

2614 EAST 109TH AVENUE
TAMPA FL 33612-6311

2. Principal Place of Business

8412 N 40TH ST
Suite, Apt. #, etc.

3. Mailing Address

8412 N 40TH ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State TAMPA FL 33604		City & State TAMPA FL		4. FEI Number 59-3418756	Applied For <input type="checkbox"/> Not Applicable
Zip 33604	Country HILLSBOROUGH	Zip 33604	Country HILLSBOROUGH	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAIR, CHARLES M 2614 EAST 109TH AVENUE TAMPA FL 33612		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.

SIGNATURE _____ (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIR, CHARLES M 2614 EAST 109TH AVENUE TAMPA FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hair, Charles M. 8412 N. 40th Street Tampa, FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles M. Hair 4/25/00 813-989-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #