

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90244 033 ***150.00

DOCUMENT # P 99 0000 53789

1. Entity Name

RAINBOW WORLD INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4350 Fowler Street

3. Mailing Address

60 LEE DRIVE

Suite, Apt. #, etc.

19+20

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

ST. AUGUSTINE FL

Zip

33901

Country

USA

32080

Country

USA

4. FEI Number

65-0963446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SCHULZ, HEINZ

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

60 LEE DRIVE

City

ST. AUGUSTINE

FL

32080

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

04/20/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
HEINZ SCHULZ
60 LEE DRIVE
ST. AUGUSTINE FL 32080

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02

904-461-5313

CR2E034B (12/01)