

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90103 002 ***150.00

DOCUMENT # P99000099206

1. Entity Name
RAINBOWS AND STARS, INC.



Principal Place of Business
1046 PARK ST.
JACKSONVILLE FL 32204

Mailing Address
P.O. BOX 17094
JACKSONVILLE FL 32245-7094



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3618615

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERG, JERALD C
1046 PARK ST
JACKSONVILLE FL 32256

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **ROSENBERG, JERALD C**
STREET ADDRESS **1046 PARK ST**
CITY-ST-ZIP **JACKSONVILLE FL 32256-32204**

TITLE **DPS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32204**

TITLE **D VPT** ☐ Delete
NAME **MICHAELS, ARNOLD J**
STREET ADDRESS **8873 BELLE RIVE BLVD. 1046 PARK ST**
CITY-ST-ZIP **JACKSONVILLE FL 32256 32204**

TITLE **D VPT** ☒ Change ☐ Addition
NAME **1046 PARK ST**
STREET ADDRESS **JACKSONVILLE, FL 32204**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: **RE REQUIRED**

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

21503 904333-7111

CR2E034 (10/02)