

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47398

1. Entity Name

RAINBOW DESIGNS, INC.

Principal Place of Business

733 22ND STREET  
VERO BEACH FL 32900  
US

Mailing Address

733 22ND STREET  
VERO BEACH FL 32960-6041  
US

2. Principal Place of Business

835 B 20th PLACE

3. Mailing Address

835 B 20th PLACE

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32960

Country

USA

Zip

32960

Country

USA

6. Name and Address of Current Registered Agent

POLK, WILLIAM D  
733 22ND ST  
SUITE 209 #6  
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

William D. Polk

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

835 B 20th PLACE

City

VERO BEACH,

FL

Zip Code

32960

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 William D. Polk, Pres

William D. Polk 4/20/00

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

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	POLK, WILLIAM D.	
STREET ADDRESS	170 15 AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	POLK, PATRICIA E	
STREET ADDRESS	170 15TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: William D. Polk, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

561-562-1999

Daytime Phone #

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90091 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0262263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (9/99)