

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90100 017 ***150.00

DOCUMENT # F98000006686

1. Entity Name
TOUCH OF COLOR SERVICES, INCORPORATED



Principal Place of Business
P.O. BOX 3107
FREDERICK MD 21705-3107

Mailing Address
P.O. BOX 3107
FREDERICK MD 21705-3107



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1790564**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LUCREZI, CATHY L
1500 COLONIAL BLVD., SUITE 214
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	REED, DAVID E	
STREET ADDRESS	8026 CATTAIL COURT	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	REED, MARGARET M	
STREET ADDRESS	8026 CATTAIL COURT	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	REED, MICHAEL W	
STREET ADDRESS	4710-14 VILLAGE AVE	
CITY-ST-ZIP	ELDERSBERG MD 21784	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	REED, P SCOTT	
STREET ADDRESS	5636 CRESTWOOD CT	
CITY-ST-ZIP	FREDERICK MD 21703	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4 Demek Ct. #1A	
CITY-ST-ZIP	OWINGS MILL, Md. 21117	
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		

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 all other like equipment.

SIGNATURE: *Margaret M. Reed* **Margaret M. Reed** 3-15-03 301-631-5307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR030304

CR2E034 (10/02)