

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90018 029 \*\*\*150.00

**DOCUMENT # P00000109908**

1. Entity Name

**TOUCH UP DEPT, INC.**

Principal Place of Business

Mailing Address

11957 NW 28TH ST.  
 CORAL SPRINGS FL 33065

11957 NW 28TH ST.  
 CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

11957 NW 28<sup>TH</sup> ST.

11957 NW 28<sup>TH</sup> ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-1059677

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JEHLEN,**  
 11957 NW 48TH ST.  
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **Paul Jehlen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11957 NW 28 ST**  
 City **Coral Springs** FL Zip Code **33065**

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

*Paul Jehlen* (Pres) Paul Jehlen JR.

4-30-01

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, 2001 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JEHLEN, PAUL JR.</b>
STREET ADDRESS	<b>11957 NW 48TH ST. ← NW 28<sup>TH</sup> ST.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
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	
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: **Paul Jehlen JR.** *Paul Jehlen* (Pres) 4-30-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 954-214-1639  
 954-752-0434

CR2E034 (10/00)