

FILED
Aug 18, 2002 8:00 am
Secretary of State

07-16-2002 90348 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000050493**

1. Entity Name

Touch of Green, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1340 15th St

3. Mailing Address

1340 15th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

41600

DO NOT WRITE IN THIS SPACE

City & State

Orange City FL

City & State

Orange City FL

4. FEI Number

59-373 2221

Applied For

Not Applicable

Country

USA

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: *Robin Zetter*

Street Address (P.O. Box Numbers Not Acceptable)

1340 15th St

Orange City FL

FL

32763

DO NOT WRITE IN THIS SPACE

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 renewing)

DATE

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 \$160.00

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: *President*
 NAME: *V. T. S. D. Robin Zetter C.M.*
 STREET ADDRESS: *1340 15th St. Orange City FL*
 CITY-ST-ZIP: *32763*

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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

Robin Zetter

Date

Daytime Phone #

8/10/02 (306) 774-0655

CR2E034B (12/01)