

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90001 022 \*\*\*550.00

**DOCUMENT # P96000074419**

1. Entity Name

**HUMAN TOUCH, INC.**

Principal Place of Business

7421 ATWOOD COURT  
 LAKE WORTH FL 33467

Mailing Address

7421 ATWOOD COURT  
 LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0728688**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KLOTZ, TERI**  
**7421 ATWOOD COURT**  
**LAKE WORTH FL 33467**

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.

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
	<b>D</b> KLOTZ, TERI		
STREET ADDRESS	7421 ATWOOD COURT		
CITY-ST-ZIP	LAKE WORTH FL 33467		
	<b>PVST</b> KLOTZ, TERI		
STREET ADDRESS	7421 ATWOOD COURT		
CITY-ST-ZIP	LAKE WORTH FL 33467		

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: Teri Klotz REGISTERED AGENT President Date: 7/21/00 Daytime Phone #: 561-357-9856

CF 002-11/001