2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90072 008 ***150.00

DOCUMENT # P97000006663

1. Entity Name
TOUCHTAPE, INCORPORATED

Principal Place of Business	Mailing Address
1715 LAKESIDE AVENUE UNIT #1 ST. AUGUSTINE FL 32086 US	1715 LAKESIDE AVE UNIT #1 ST. AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 Lakeside Ave.	1700 Lakeside Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Aug. FL 32084	City & State: St. Augustine, FL 32084
Zip: 32084 Country: ST.John	Zip: 32084 Country: St. John

4. FEI Number 02-0441538 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLE, RICHARD E
1715 LAKESIDE AVE
SAINT AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1700 Lakeside Ave

City: St. Augustine **FL** Zip Code: 32084

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: RICHARD E. BOYLE — DATE: 2/20/01
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYLE, RICHARD E 1715 LAKESIDE AVE ST. AUGUSTINE FL 3286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYLE, RICHARD E 1700 Lakeside Ave St. Augustine, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYLE, CAROLE H 1715 LAKESIDE AVE ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carole H. Boyle 1700 Lakeside Ave St. Augustine, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David F. Boyle 1700 Lakeside Ave St. Auigustine, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: RICHARD E. BOYLE — Richard E Boyle — 2/20/01 — PRES. — 904-823-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #