2002 UNIFORM BUSINESS REPORT (UBR)

P97000006663 **DOCUMENT #** 1. Entity Name TOUCHTAPE, INCORPORATED Principal Place of Business Mailing Address 1700 LAKESIDE AVE 1700 LAKEŞIDE AVE SAINT AUGUSTINE FL 32084 SAINT AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address 1700 LAKESIDE AVE 1700 LAKESIDE AUE

FILED May 10, 2002 8:00 am & Secretary of State

05-10-2002 90019 011 ***150.00

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Signature Description Service	City & Sta	ate AUGUS	TINE FL	St AUG. F	()	4.	FEI Number 02-0441538			pplied For	
BOYLE, RICHARD E 1700 LAKESIDE AVE SAINT AUGUSTINE FL 32084 SIGNATURE Signature requirement and elects to do so. (See criteria on back) TILE MAKE BOYLE, RICHARD E 1700 LAKESIDE AVE SAINT AUGUSTINE FL 32084 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 Signature requirement and elects to do so. (See criteria on back) TILE D OFFICERS AND DIRECTORS TILE NAME SIREET ADDRESS CITY-ST-ZIP D BOYLE, RICHARD E 1700 LAKESIDE AVE SAINT AUGUSTINE FL 32084 TILE D BOYLE, RICHARD E 1700 LAKESIDE AVE SAINT AUGUSTINE FL 32084 TILE D Detele TILE D Detele TILE D Detele SIREET ADDRESS CITY-ST-ZIP BOYLE, CAROLE H 1700 LAKESIDE AVE SAINT AUGUSTINE FL 32084 TILE NAME SIREET ADDRESS CITY-ST-ZIP BOYLE, DAVID F 1700 LAKESIDE AVE SAINT AUGUSTINE FL 32084 CITY-ST-ZIP SIREET ADDRESS CIT	7:		Country			W S 5.	Certificate of Status Desired		8.75 Ad		
BOYLE, RICHARD E 1700 LAKESIDE AVE SAINT AUGUSTINE FL 32084 Site and 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 Signature, typed or printed remot of replaced agent and late it applicable. P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE BOYLE, RICHARD E 1700 LAKESIDE AVE SIREET ADDRESS CITY-ST-2IP TITLE D Delete TITLE SAINT AUGUSTINE FL 32084 TITLE D Delete SIREET ADDRESS CITY-ST-2IP BOYLE, CAROLE H 1700 LAKESIDE AVE SAINT AUGUSTINE FL 32084 TITLE D Delete SIREET ADDRESS CITY-ST-2IP BOYLE, DAVID F 1700 LAKESIDE AVE SAINT AUGUSTINE FL 32084 TITLE D BOYLE, DAVID F 1700 LAKESIDE AVE SAINT-AUGUSTINE FL 32084 TITLE D BOYLE, DAVID F 1700 LAKESIDE AVE SAINT-AUGUSTINE FL 32084 TITLE D BOYLE, DAVID F 1700 LAKESIDE AVE SAINT-AUGUSTINE FL 32084 TITLE SIRRET ADDRESS CITY-ST-2IP Delete SIRRET ADDRESS CITY-ST-2IP TITLE D BOYLE, DAVID F 1700 LAKESIDE AVE SAINT-AUGUSTINE FL 32084 TITLE SAINT-AUGUSTINE FL 32084 TITLE SAINT-AUGUSTINE FL 32084 TITLE SAINT-AUGUSTINE FL 32084 TITLE SAINT-AUGUSTINE FL 32084 STREET ADDRESS CITY-ST-2IP TITLE SAINT-AUGUSTINE FL 32084 TITLE SAINT-AUGUSTINE FL 32084 TITLE SAINT-AUGUSTINE FL 32084 STREET ADDRESS CITY-ST-2IP TITLE SAINT-AUGUSTINE FL 32084 STREET ADDRESS CITY-ST-2IP TITLE SAINT-AUGUSTINE FL 32084 STREET ADDRESS CITY-ST-2IP TITLE SAINT-AUGUSTINE FL 32084 TITLE SAINT-AUGUSTINE FL 32084 STREET ADDRESS CITY-ST-2IP TITLE SAINT-AUGUSTINE FL 32084 TITLE STREET ADDRESS CITY-ST-2IP TITLE SAINT-AUGUSTINE FL 32084 STREET ADDRESS CITY-ST-2IP				Registered Agent			Name and Address of New Re		•		
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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 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 to the exemption of t		ertify that the i	formation supplied with the	in filing door not asset to a							

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.