

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 423476

1. Entity Name

DAVID TOUCHTON CONTRACTOR, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90152 032 \*\*\*550.00

Principal Place of Business

1533 N MISSION RD #AA1  
TALLAHASSEE FL 32304  
US

Mailing Address

1533 N MISSION RD APT AA1  
TALLAHASSEE FL 32304  
US

2. Principal Place of Business

4810 SHADY REST RD.

Suite, Apt. #, etc.

3. Mailing Address

4810 SHADY REST RD.

Suite, Apt. #, etc.

A0077119



DO NOT WRITE IN THIS SPACE

City & State

HAVANA, FLA.

Zip

32333

Country

USA

City & State

HAVANA, FL.

Zip

32333

Country

USA

4. FEI Number

59-1452210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOUCHTON, DAVID  
505 LIVE OAK LANE  
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name DAVID TOUCHTON

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

4810 SHADY REST RD.

City

HAVANA

FL

Zip Code

32333

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 David Touchton

DAVID TOUCHTON

9-11-00

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 \$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

TITLE P  
NAME TOUCHTON, DAVID ☐ Delete  
STREET ADDRESS 110 LIVE OAK LN.  
CITY-ST-ZIP HAVANA FL

TITLE VTS  
NAME TOUCHTON, DEBBY ☐ Delete  
STREET ADDRESS 110 LIVE OAK LN.  
CITY-ST-ZIP HAVANA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition  
NAME TOUCHTON, DAVID  
STREET ADDRESS 4810 SHADY REST RD  
CITY-ST-ZIP HAVANA, FL. 32333

TITLE VTS ☐ Change ☐ Addition  
NAME DEBBY TUCKER  
STREET ADDRESS 505 LIVE OAK LN  
CITY-ST-ZIP HAVANA, FL. 32333

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: David Touchton DAVID TOUCHTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-11-00 850-539-0052

CR2E034 (5/00)