2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am DOCUMENT # H33695 **Secretary of State** 1. Entity Name ROYAL TOUCH INTERNATIONAL, INC. 03-14-2002 90076 003 ***150.00 Mailing Address Principal Place of Business % HENDERIKA G. VAN SOESTBERGEN % HENDERIKA G. VAN SOESTBERGEN 6651 N.W. 23RD AVENUE 6651 N.W. 23RD AVENUE GAINESVILLE FL 32606 GAINESVILLE FL 32606 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2474799 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent: van Soestbergen, Henderika G. Street Address (P.O. Box Number is Not Acceptable) 6651 N.W. 23RD AVENUE **GAINESVILLE FL 32606** Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS (9/01) ☐ Delete TITLE ☐ Addition TITLE VAN SOESTBERGEN, H. NAME NAME CR2E034 6651 N.W. 23RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME VAN SOESTBERGEN, ANTON W NAME STREET ADDRESS 6651 N.W. 23RD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gainesville fl TITLE Ghange Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytme Phone #