

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68734

1. Entity Name
ELDERS IN TOUCH, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90129 026 ***158.75

Principal Place of Business
965 6TH AVENUE
VERO BEACH FL 32960

Mailing Address
965 6TH AVENUE
VERO BEACH FL 32960

C0009935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2592034

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, KAREN
965 6TH AVENUE
VERO BEACH FL 32960

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

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 \$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	T	<input type="checkbox"/> Delete
NAME	BATES, CLAIRE	
STREET ADDRESS	930 20 AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	P	<input type="checkbox"/> Delete
NAME	WELLS, KAREN	
STREET ADDRESS	920 20TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WELLS, RAYMOND	
STREET ADDRESS	920 20 AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRINGLE, CHRISTINE	
STREET ADDRESS	965 6TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	AROMA, PHILLIPS	
STREET ADDRESS	965 6TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)