

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90190 049 ****50.00

DOCUMENT # L99000002639

1. Entity Name

DISTINCTIVE TOUCH SERVICES, L.L.C.

Principal Place of Business

**3956 TOWN CENTER BOULEVARD, SUITE 261
ORLANDO FL 32837**

Mailing Address

**3956 TOWN CENTER BOULEVARD, SUITE 261
ORLANDO FL 32837**

2. Principal Place of Business

4981 BRIGHTMOOR CR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32837

Country

US

Zip

Country

4. FEI Number

59-3575397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPECHT, LISA A
GRAY HARRIS & ROBINSON, P.A.
201 E. PINE STREET, SUITE 1200
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

VICTOR ALVARADO

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

4981 BRIGHTMOOR CR

City

ORLANDO

FL

Zip Code

32837

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.

VICTOR ALVARADO

(NOTE: Registered Agent signature required when reinstating)

04/20/2002

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **REIMPELL, MARTA L**
STREET ADDRESS **4981 BRIGHTMOOR CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **MGR** ☐ Delete
NAME **VELEZ, NILDA A**
STREET ADDRESS **2506 SAGE DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34758**

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

10. ADDITIONS/CHANGES

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/20/02 (407) 251-6169

CR2E083 (9/01)