

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90011 044 ***150.00

0052101

DOCUMENT # M88488

1. Entity Name

DYNAMIC TOUCH, INC.

Principal Place of Business

Mailing Address

**1588 THORNHILL CIRCLE
 OVIEDO FL 32765**

**1588 THORNHILL CIRCLE
 OVIEDO FL 32765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2898766**

Applied For

Not Applicable

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

**CROWELL, STEWART R.
 1588 THORNHILL CIRCLE
 OVIEDO FL 32765**

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 _____
 NAME **DP** ☐ Delete
 STREET ADDRESS **CROWELL, STEWART R.**
 CITY-ST-ZIP **1588 THORNHILL CIRCLE
 OVIEDO FL**

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

TITLE _____
 NAME **DVS** ☐ Delete
 STREET ADDRESS **CROWELL, LILY A.**
 CITY-ST-ZIP **1588 THORNHILL CIRCLE
 OVIEDO FL**

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

TITLE _____
 NAME **T.** ☐ Delete
 STREET ADDRESS **CROWELL, LILY A.**
 CITY-ST-ZIP **1588 THORNHILL CIRCLE
 OVIEDO FL**

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

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 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:

Lily Crowell - Lily Crowell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01
 Date

Daytime Phone # _____

CR2E034 (10/00)