

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 103000001846

1. Entity Name

Master's Touch, Inc.



FILED

04 NOV 29 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3098 Lamplighter Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Same

Zip

34234

Country

Sarasota

Zip

Same

Country

Same

4. FEI Number

27-0103611

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Kathleen Jones-Baze

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

3098 Lamplighter Dr

City

SARASOTA

FL

Zip Code

34234

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

KATHLEEN Jones-Baze

Kathleen Jones Baze 9-29-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D-Kathleen Jones-Baze
3098 Lamplighter Dr.
Sarasota, FL, 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D H.G. Jones
211 Greenspring Dr
Arlington TX 76110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D Danielle Clark
2280 Arlington St
Sarasota, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Barbara Thompson
5818 Helicon 5818
Sarasota FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Patricia Schwartz
1032 Albrighton
Sarasota FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Susan O'Carroll
4518 Falconridge
Sarasota, FL, 34233

TITLE
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IN THIS SPACE**

500043130655

12/02/04--01048--005 **175.00

500043130655

12/02/04--01048--005 **70.00

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

KATHLEEN Jones-Baze

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-713-6978

941-355-7689

CR2E037B (12/02)