

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90128 019 ***150.00

DOCUMENT # P00000024814

1. Entity Name
TOUCH OF CLASS ESCORT & MODELS, INC.



Principal Place of Business
6250 N. ANDREWS AVE.
SUITE 105-B
FT LAUDERDALE FL 33309

Mailing Address
6250 N. ANDREWS AVE.
SUITE 105-B
FT LAUDERDALE FL 33309



2. Principal Place of Business
20 SW 27th

3. Mailing Address
20 SW 27th

Suite, Apt. #, etc. #203

Suite, Apt. #, etc. #203

City & State Tampa, FL

City & State Tampa, FL

Zip 33306 Country USA

Zip 33319 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0988018

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WISDOM, PATRICK
3013 N. OAKLAND FORREST DR #207
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name PATRICK WISDOM

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

3013 N. OAKLAND FORREST DR #207

City Ft Lauderdale FL Zip Code 33309

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: *Patrick Wisdom*

DATE 2/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, PATRICK 3013 W OAKLAND FOREST #207 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick Wisdom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)