

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055661

1. Entry Name

A GENTLE TOUCH, INC.

Principal Place of Business

503 N ORLANDO AVE #103
COCOA BEACH FL 32931

Mailing Address

503 N ORLANDO AVE #103
COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FID Number

59-3652159

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

CLAYTON, MARILYN B
503 N ORLANDO AVE #103
COCOA BEACH FL 32931

Name

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

City

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 principal officer

(Not for Registered Agent's signature when not acting as such)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

THE NOWIN 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: President
NAME: Marilyn B Clayton
STREET ADDRESS: 1925 HARBOR PT DRIVE
CITY-STATE-ZIP: MERICENT ISLAND FL 32952

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

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TITLE: ☐ Change ☐ Addition
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CITY-STATE-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn B Clayton Marilyn B Clayton

4/17/01

321 783-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residing Overseas

FILED
May 19, 2001 8:00 am
Secretary of State

04-26-2001 90257 030 ***150.00

0101



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)