FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90172 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056623

1. Entity Name
ANGEL TOUCH PROCESSING SERVICES, INC

Principal Place of Business	Mailing Address
3612 GILMORE ST JACKSONVILLE, FL 32205	3612 GILMORE ST JACKSONVILLE, FL 32205

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6866 Daughtry Blvd S	P.O. Box 37062
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax FL	City & State: Jax FL 32236
Zip: 32210 — Country: Duval	Zip: 32210 Country: USA

4. FEI Number: 59-3652575 ☐ 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
MCKIEVER, TRACEY Y 3612 GILMORE ST JACKSONVILLE, FL 32205	Name: Tracey Y. McKiever Street Address (P.O. Box Number is Not Acceptable): 6866 Daughtry Blvd South City: Jacksonville FL Zip Code: 32216

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: Tracey Y. McKiever
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCKIEVER, TRACEY Y		NAME	
STREET ADDRESS	3612 GILMORE ST		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: Tracey Y. McKiever 4-30-03 (904) 359-6732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #