2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P0000057682 1. Entity Name TOUCH STONE PACIFIC ENTERPRISES CORPORATION 03-20-2001 90057 003 ***150.00 Principal Place of Business Mailing Address 2467 ENTERPRISES RD., STE, F 2467 ENTERPRISES RD., STE. F CLEARWATER FL 33763 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address 2467 ENTERPRISE RD, STE. 2467ENTERPRISE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE >uite FEI Number - 365 8326 CLEARWATER City & State Applied For LEARWATER, FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIZIO, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 25400 U.S. 19 NORTH, STE. 210 CLEARWATER FL 33763 Zip Code City 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 trike it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 CR2E034 (10/00) ☐ Addition Delete Tilte ☐ Change TITLE WONG, JAMES NAME NAME 621 CLEARWATER-LARGO RD. N.W. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 VSA ☐ Addition Delete TIBE MAZER, STEPHEN B MAZAR, STEPHEN B NAME NAME ISS ROLLING WOODS DR., STREET ADDRESS 3155 ROLLING WOODS DR. STREET ADDRESS FL. 34683 HARBOR, CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP Addition TITLE" Dèlete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 given like empowered.