

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90144 001 ***150.00

DOCUMENT # P00000063306

1. Entity Name

TOUCHPOLL, INC.

Principal Place of Business

**1870 ALOMA AVENUE
 SUITE 260
 WINTER PARK FL 32789**

Mailing Address

**1870 ALOMA AVENUE
 SUITE 260
 WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3679061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHURTLEEF, MICHAEL E
 206 QUAYSIDE CIRCLE #203
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

SHURTLEEF, MICHAEL E.

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

2011 LEGACY PALMS DRIVE

City

MAITLAND

FL

Zip Code

32751

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

MICHAEL E. SHURTLEEF, PRESIDENT (02-13-02)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **DPST**
 STREET ADDRESS **SHURTLEEF, MICHAEL E**
 CITY-ST-ZIP **206 QUAYSIDE CIRCLE
 MAITLAND FL 32751**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2011 LEGACY PALMS DRIVE**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **LOUDERMILK, ALTON C**
 CITY-ST-ZIP **774 S PENNSYLVANIA AVENUE
 WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 other like empowered.

SIGNATURE:

ALTON C. LOUDERMILK, CHAIRMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(02-13-02) 407-647-7655
 Date Daytime Phone #

CR2E034 (9/01)