

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90026 026 ***150.00

DOCUMENT # P01000025987

1. Entity Name
A TOUCH OF HEALING, INC.

Principal Place of Business
**1821-6 PARENTAL HOME RD.
 JACKSONVILLE FL 32216**

Mailing Address
**P.O. BOX 16952
 JACKSONVILLE FL 32245-6952**



DO NOT WRITE IN THIS SPACE

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

59-3707303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LUSK, GREGORY D II
 3900 OLD FIELD CROSSING, #806
 JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name
Lusk, Gregory D. II
 Street Address (P.O. Box Number is Not Acceptable)
1480 Satsuma Rd
 City
Jacksonville FL Zip Code
32259

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 fee 4 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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
P/VD
 NAME
LUSK, GREGORY D II ☐ Delete
 STREET ADDRESS
3900 OLDFIELD CROSSING, #806
 CITY-ST-ZIP
JACKSONVILLE FL 32223

TITLE
P/D ☒ Change ☐ Addition
 NAME
Lusk Gregory D. II
 STREET ADDRESS
1480 Satsuma Rd
 CITY-ST-ZIP
Jacksonville, FL 32259

TITLE
SD ☐ Delete
 NAME
LUSK, CARRIE A
 STREET ADDRESS
3900 OLDFIELD CROSSING, #806
 CITY-ST-ZIP
JACKSONVILLE FL 32223

TITLE
V/SIT/D ☒ Change ☐ Addition
 NAME
Lusk, Carrie A
 STREET ADDRESS
1480 Satsuma Rd
 CITY-ST-ZIP
Jacksonville, FL 32259

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 904-230-1151
 Date Daytime Phone #

CR2E034 (9/01)