

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90129 012 \*\*\*550.00

**DOCUMENT # - P01000071290**

1. Entity Name  
**IN TOUCH MARKETING, INC.**

Principal Place of Business

**10406 LAMIRAGE COURT  
TAMPA FL 33615**

Mailing Address

**10406 LAMIRAGE COURT  
TAMPA FL 33615**

2. Principal Place of Business

**5621 Park St N**

3. Mailing Address

**5621 Park St N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St Petersburg, FL**

City & State

**St. Petersburg, FL**

4. FEL Number

**59 323 5102**

Applied For

Not Applicable

Zip

Country

**33709**

Zip

Country

**33709**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SOLIE, LEONARD  
10406 LAMIRAGE COURT  
TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**LEONARD Solie President**

**9-2-02**

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Leonard Solie</b>	
STREET ADDRESS	<b>10406 Lamirage Ct.</b>	
CITY-ST-ZIP	<b>Tampa, FL 33615</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>Rick Perez</b>	
STREET ADDRESS	<b>5011 S. Elberon St.</b>	
CITY-ST-ZIP	<b>Tampa, FL 33611</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>David DeSerio</b>	
STREET ADDRESS	<b>3594 Edington Way</b>	
CITY-ST-ZIP	<b>Palm Harbor, FL 34685</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another file empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**9-2-02**

**727-544-0776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)