

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90057 042 \*\*\*150.00

0003063 AT

**DOCUMENT # P01000111770**

1. Entity Name

**TOUCH OF HEAVEN, INC.**

Principal Place of Business

**11151 NE 123RD PLACE  
 ARCHER FL 32618**

Mailing Address

**11151 NE 123RD PLACE  
 ARCHER FL 32618**

2. Principal Place of Business

**7733 W. NEWBERRY RD**

3. Mailing Address

**11151 NE 123 PLACE**

Suite, Apt. #, etc.

**B-1**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**GAINESVILLE FL**

City & State

**ARCHER FL**

4. FEI Number

**90-0000330**

Applied For

☐ Not Applicable

Zip

**32606**

Country

**ALACHUA**

Zip

**32618**

Country

**LEVY**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SYLVIA, ANTONIO G  
 11151 NE 123RD PLACE  
 ARCHER FL 32618**

7. Name and Address of New Registered Agent

Name **SYLVIA, ANTONIO G. JR.**

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

**11151 NE 123 PLACE**

City

**ARCHER**

**FL**

Zip Code

**32618**

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

*Antonio G. Sylvia Jr.*

**ANTONIO G. SYLVIA JR.**

**4/3/2002**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SYLVIA, ANTONIO G JR.</b>	
STREET ADDRESS	<b>11151 NE 123RD PLACE</b>	
CITY-ST-ZIP	<b>ARCHER FL 32618</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SYLVIA, ANDREA R</b>	
STREET ADDRESS	<b>11151 NE 123RD PLACE</b>	
CITY-ST-ZIP	<b>ARCHER FL 32618</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	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	<b>SYLVIA, ANTONIO G. JR.</b>	
STREET ADDRESS	<b>11151 NE 123 PLACE</b>	
CITY-ST-ZIP	<b>ARCHER FL 32618</b>	
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	<b>SYLVIA, ANDREA R.</b>	
STREET ADDRESS	<b>11151 NE 123 PLACE</b>	
CITY-ST-ZIP	<b>ARCHER FL 32618</b>	
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
NAME		
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 all other like empowered.

SIGNATURE:

*Antonio G. Sylvia Jr.*

**ANTONIO G. SYLVIA JR**

**4/3/2002**

**352-4862221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)