2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ARCHER FL 32618

11151 NE 123RD PLACE

P01000111770 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SIGNATURE:

GAINESVILLE FL 32606

7733 W NEWBERRY RD SUITE B1

TOUCH OF HEAVEN, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90001 007 ***150.00

COD WE THE

GAINESVILLE T	2 32000	ANGILLI LE GEOTO					
2. Principal Pla	ace of Business W. NEWBERRY Rd.	3. Mailing Address	123 Plac	É	i 1881) But in namet transparts name	. Bojo) (18 8) 1180) (181) (184) (ESIT ESIT ISEL
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF	MAKING CHANGES	
City & State	esville Fla	City & State ARCHER	FL	4. F	90-0000330	No	oplied For ot Applicable
Zip 332	USA	32618	Country USA		Certificate of Status Desired	S8.75 Add Fee Require	
-	6. Name and Address of Current F	Registered Agent	Name				
	123RD PLACE		Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
ARCHER F	FL 32618		City A	RCHET	2	FL Zip Cod	°/ 01 Q
the obligati	named entity submits this statement for one of registered aggs? Signatur Typed or printed name to distered agent a	M. ANTONII	registered office or in the control of the control	registered ago	ent, or both, in the State of Flor	1/06/200	<u>93</u>
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Election Campaign Fina Trust Fund Contribution	n. 🗌 Added	May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.		DITIONS/CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVIA, ANTONIO G JR. 11151 NE 123RD PLACE ARCHER FL 32618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICET	PRESIDENT	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVIA, ANDREA R 11151 NE 123RD PLACE ARCHER FL 32618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES	IDENT	☐ Change	Addition
TITLE NAME STREET ADDRESS. CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby indicated of the co-	I certify that the information supplied with ton this report or supplemental report is rporation or the receiver of trustee emp or on an attachment with a pool dress.	n this filing does nanqualify for s true and accurate and that h dwared to execute this leport with all others ke empowered.	r the exemption stat ny signature shall h as required by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(i), Florida Statutes. legal effect as if made under cida Statutes; and that my name	I further certify that the path; that I am an office e appears in Block 10 c	information or or director or Block 11 if