

5/1

05-13-2003 90047 022 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022786			
1. Entity Name TRANSFORMING TOUCH, INC.			
Principal Place of Business 2225 NURSERY ROAD #19-103 CLEARWATER, FL 33764		Mailing Address 2225 NURSERY ROAD #19-103 CLEARWATER, FL 33764	
2. Principal Place of Business <i>2274 Springwood Cir W.</i> Suite, Apt. #, etc.		3. Mailing Address <i>2274 Springwood Cir W.</i> Suite, Apt. #, etc.	
City & State <i>Clearwater FL</i>		City & State <i>Clearwater FL</i>	
Zip <i>33763</i>		Zip <i>33763</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>01-0608994</i>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$0.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLLIER, JAMES H SR. 9110 STERLING LANE PORT RICHEY, FL 34689		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 _____ DATE _____			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P PATNODE, SANDRA E 2225 NURSERY ROAD #19-103 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP President Patnode, Sandra E. 2274 Springwood Cir W. Clearwater, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V PRESCOTT, FRANK M 2225 NURSERY ROAD #19-103 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Prescott, Frank M. 2274 Springwood Cir W. Clearwater, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Sandra E. Patnode</i>		Date: <i>5-5-03</i> 727-730-5585	