

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90235 009 \*\*\*150.00

**DOCUMENT # P02000074358**

1. Entity Name  
**OUR PERSONAL TOUCH LAWCARE, INC.**



Principal Place of Business  
**8363 ELDRIDGE RD  
SPRING HILL FL 34608**

Mailing Address  
**8363 ELDRIDGE RD  
SPRING HILL FL 34608**

**55039629**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number  
**35-2173711**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BAJA, GREGG D  
8363 ELDRIDGE RD  
SPRING HILL FL 34608**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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  Delete  
NAME **BAJA, GREGG D**  
STREET ADDRESS **8363 ELDRIDGE RD**  
CITY-ST-ZIP **SPRING HILL FL 34608**

Change  Addition

TITLE  Delete  
NAME **VD MCDOWELL, ALLAN**  
STREET ADDRESS **5230 MENTMORE**  
CITY-ST-ZIP **SPRING HILL FL 34608**

Change  Addition

TITLE  Delete

TITLE  Change  Addition  
NAME **Betty Baja**  
STREET ADDRESS **8363 Eldridge Rd.**  
CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE  Delete

TITLE  Change  Addition  
NAME **S John Daniel Baja**  
STREET ADDRESS **5076 Mentmore Ave.**  
CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE  Delete

TITLE  Change  Addition  
NAME **T Jeffrey Alan Baja**  
STREET ADDRESS **9290 Eldridge Rd**  
CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE  Delete

Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

**President** 4/17/03 35866651/2

CR2E034 (10/02)