

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

**BAJA, GREGG D
8363 ELDRIDGE RD
SPRING HILL FL 34608**

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

Signature, typed or printed name of registered agent and (title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/17/03 35866651/2

DATE

Daytime Phone #

CR2E034 (10/02)