

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

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90016 041 ***150.00

DOCUMENT # P06000023004

1. Entity Name

Touch of Class Home Improve, Inc.

DO NOT WRITE IN THIS SPACE

40033927

2. Principal Place of Business
218 Kensington Way
Suite, Apt. #, etc.

3. Mailing Address
218 Kensington Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Wellington, FL

City & State
Wellington, Florida

4. FEI Number
20-5350794

Applied For
Not Applicable

Zip 33414
Country USA

Zip 33414
Country USA

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


**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Thomas Hector
Street Address (P.O. Box Number is Not Acceptable)
218 Kensington Way

City Wellington **FL** **Zip Code** 33414

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  **Thomas Hector** **1/29/2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson-Board Thomas Hector 218 Kensington Way Wellington, Florida 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Consultant Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street, Suite No.1 Fort Lauderdale, Florida 33309-1206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Treasurer/Director Thomas Hector 218 Kensington Way Wellington, Florida 33414
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE  **Thomas Hector, CEO** **1/28/2008** **(954)328-4439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**