

2000 UNIFORM BUSINESS REPORT (UBR)

0405855

DOCUMENT # P95000009253

1. Entity Name

TOUCH 'EM ALL, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**00 APR 13 PM 5:48**

Principal Place of Business

Mailing Address

550 N-REG ST
SUITE 200
TAMPA FL 33609550 N-REG ST
SUITE 200
TAMPA FL 33609-1036

2. Principal Place of Business

3. Mailing Address

2202 North West Shore Boulevard

2202 North West Shore Boulevard

5th Floor5th FloorCity & State
Tampa, FloridaCity & State
Tampa, Florida

33607

Country USA

33607

Country USA

4. FEI Number

65-0555518

Applied For

Not Applicable

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

KADOW, JOSEPH J
550-N-REG ST
SUITE 200
TAMPA FL 33609

Name

Joseph J. Kadow

Street Address (P.O. Box Number is Not Acceptable)

2202 N. West Shore Blvd., 5th Floor

City

Tampa, Florida 33607

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BASHAM, ROBERT D
550-N-REG ST-SUITE 200
TAMPA FL 33609 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2202 N. West Shore Blvd., 5th Floor
Tampa, Florida 33607 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003219205--1
-04/24/00--01003--011
****150.00 ****150.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00

813/2821221