

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000050165**

1. Entity Name

TOUCH OF CLASS, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90123 024 ***150.00

Principal Place of Business

Mailing Address

**1700 S PARROTT AVE
OKEECHOBEE FL 34972
US****7548 NW 93RD CT
OKEECHOBEE FL 34972-7340
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0599111**Applied For
Not Applicable5. 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

BAKER, RUBEN**7548 NW 93RD COURT
OKEECHOBEE FL 34972**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PDTD	BAKER, RUBEN	7548 NW 93RD COURT	OKEECHOBEE FL 34972				
VP	VANDERMOLLEN, DENISE	7548 NW 93RD CT	OKEECHOBEE FL				
S	VANDERMOLLEN, STEPHEN	7548 NW 93RD CT	OKEECHOBEE FL				
T	BAKER, PAULA	7548 NW 93RD CT	OKEECHOBEE FL				

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:

Paula Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

Date

941-467-1799

Daytime Phone #