

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90059 050 ***150.00

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DOCUMENT # P95000050236

1. Entity Name
TECH-TOUCH INC.

Principal Place of Business

**574 THOMAS JEFFERSON WAY
 ORLANDO FL 32809**

Mailing Address

**574 THOMAS JEFFERSON WAY
 ORLANDO FL 32809**

80060151

**Kent Case
 14476 Nottingham Way Cir.
 Orlando, FL 32828**

3. Mailing Address

14476 Nottingham Way Circle 14476 Nottingham Way Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

09-3326298

Applied For

Not Applicable

Zip

32828

Country

USA

Zip

32828

Country

USA

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

Name

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

City

FL

Zip Code

**CASE, KENT A
 574 THOMAS JEFFERSON WAY
 ORLANDO FL 32809**

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. 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 ☐ Delete
 NAME **PS**
 STREET ADDRESS **CASE, KENT A**
 CITY-ST-ZIP **574 THOMAS JEFFERSON WAY
 ORLANDO FL 32809**

TITLE ☐ Change ☒ Addition
 NAME **Vice President/Treasurer**
 STREET ADDRESS **Evelyn S. Case**
 CITY-ST-ZIP **14476 Nottingham Way Circle
 Orlando, FL 32828**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kent A. Case

Date

Daytime Phone #

3-25-02 407-855-9515

CR2E034 (9/01)