

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90035 013 ***150.00

DOCUMENT # P95000077136

1. Entity Name

POETIC TOUCH, INC.

Principal Place of Business

**303 BAYSIDE AVE
WINTER GARDEN FL 34787**

Mailing Address

**303 BAYSIDE AVE
WINTER GARDEN FL 34787**

2. Principal Place of Business

1815 N. ORANGE Ave

Suite, Apt. #, etc.

3. Mailing Address

303 Bayside Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL 32804

City & State

Winter Garden, FL

4. FEI Number

59-3337411

Applied For

Not Applicable

Zip

32804

Country

ORANGE

Zip

34787

Country

ORANGE

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

6. Name and Address of Current Registered Agent

**GILLARD, DENNIS R CPA
114 PENNSYLVANIA AVE.
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE: **PSTD** NAME: **BROOKS, MARY L** ☒ Delete
STREET ADDRESS: **2536 SOUTH MCGUIRE ROAD**
CITY-ST-ZIP: **OCOE FL 34761**

TITLE: **V** NAME: **BROOKS, STEVEN P** ☒ Delete
STREET ADDRESS: **2536 SOUTH MCGUIRE ROAD**
CITY-ST-ZIP: **OCOE FL 34761**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSTD** NAME: **BROOKS, MARY L** ☒ Change ☐ Addition
STREET ADDRESS: **303 Bayside Ave**
CITY-ST-ZIP: **Winter Garden, FL 34787**

TITLE: **V** NAME: **Brooks, Steven P** ☒ Change ☐ Addition
STREET ADDRESS: **303 Bayside Ave**
CITY-ST-ZIP: **Winter Garden, FL 34787**

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

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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)(f), Florida Statutes. I 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: Mary Brooks for Poetic Touch Inc **4/24/01** **407/895-7172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OFFICIAL CORPORATE SEAL
POETIC TOUCH, INC**

Daytime Phone #

CR2E034 (10/00)