

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90028 042 ***150.00

DOCUMENT # P96000021766**1. Entity Name**
PROFESSIONAL TOUCH PAINTING, INC.**Principal Place of Business**
2820 CHARMONT DRIVE
APOPKA FL 32703
Mailing Address
522 HUNT CLUB BLVD
STE 131
APOPKA FL 32703**2. Principal Place of Business**
3. Mailing Address**Suite, Apt. #, etc.****City & State****Zip** **Country** **Zip** **Country****6. Name and Address of Current Registered Agent****DETZEL, CHRISTOPHER A ESQUIRE**
540 E. HORATIO AVENUE
SUITE 202
MAITLAND FL 32751**4. FEI Number** **59-3365078****Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****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** _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ **Delete**
NAME **WHITED, KELLY**
STREET ADDRESS **2820 CHARMONT DRIVE**
CITY-ST-ZIP **APOPKA FL 32703****TITLE** ☐ **Delete**
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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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)(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:** Kelly Whited Kelly Whited
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-3-01**
Date**407-774-7263**
Daytime Phone #

CR2E034 (10/00)