

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAR 21 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050605

1. Entity Name

Touchstone Internet Services, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

154 W 6th St

3. Mailing Address

P O Box 2015

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Fla

City & State

Jacksonville Fla

Zip

32206

Country

US

Zip

32203

Country

US

4. FEI Number

59-3394664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Barney Spann

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

154 W 6th St

City

Jacksonville

FL

Zip Code

32206

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Barney Spann  
154 W 6th St  
Jacksonville FL 32206

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000005183460--4  
-04/02/02--01051--035  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Darlene Spann  
154 W 6th St  
Jacksonville Fla 32206

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Willie Spann  
2573 Minosa Cir  
JAX FLA 32209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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 #

March 21st 2002

9042336500

CR2E034B (12/01)