## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED

AND OF SIGNING OFFICER OF DIRECTOR

## **FILED** May 03, 2001 8:00 am Secretary of State DOCUMENT # P96000056832 GREEN TOUCH INDUSTRIES, INC. 05-03-2001 90940 037 \*\*\*150.00 Principal Place of Business Mailing Address 1001 JUPITER PARK DRIVE 1001 JUPITER PARK DRIVE SUITE 130 SUITE 130 JUPITER FL 33458-8971 JUPITER FL 33458-8971 2. Principal Place of Business 3. Mailing Address 900 26TH STREET 900 26TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0688401 WEST PALM BEACH FL 33407 WEST PALM BEACH 33407 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 33407 PALM BEACH 33407 PALM BEACH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEEGAN, DANIEL Street Address (P.O. Box Number is Not Acceptable) 900 26TH STREET 1001 JUPITER PARK DRIVE SUITE 130 JUPITER FL 33458-8971 33407 WEST PALM BEACH 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangib 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE KEEGAN. DANIEL NAME 900 26TH STREET STREET ADDRESS 1001 JUPITER PARK DR STREET ADDRESS CITY-ST-ZIP west palm beach fl CITY-ST-ZIP JUPITER FL 33407 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4-27-01 Date