

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

01-29-2002 90072 038 ***150.00

DOCUMENT # P96000056832

1. Entity Name

GREEN TOUCH INDUSTRIES, INC.

Principal Place of Business

**900 26TH STREET
WEST PALM BEACH FL 33407**

Mailing Address

**900 26TH STREET
WEST PALM BEACH FL 33407**

2. Principal Place of Business

900 26th St.

Suite, Apt. #, etc.

West Palm Beach FL

City & State

3. Mailing Address

P.O. Box 30614

Suite, Apt. #, etc.

Palm Beach Gardens

City & State

Florida

Zip **33407**

Country **Palm Beach**

Zip **33420**

Country **Palm Beach**

4. FEI Number

65-0688401

Applied For

Not Applicable

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

KEEGAN, DANIEL

900 26TH STREET

WEST PALM BEACH FL 33407

Name

Dan Keegan

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

P.O. Box 30614

900 26th Street

Palm Beach Gardens West Palm Beach FL 33407

City

FL 33420

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

Dan Keegan

Signature, typed or printed name of registered agent and title if applicable.

Dan Keegan

(NOTE: Registered Agent signature required when reinstating)

1-14-02

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

TITLE **P** ☐ Delete
NAME **KEEGAN, DANIEL**
STREET ADDRESS **900 26TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

1-14-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)