

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90128 043 \*\*\*150.00

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**DOCUMENT # P96000056832**

1. Entity Name  
**GREEN TOUCH INDUSTRIES, INC.**



Principal Place of Business  
**900 26TH STREET  
WEST PALM BEACH FL 33407**

Mailing Address  
**P.O BOX 30614  
PALM BEACH GARDENS FL 33420**



2. Principal Place of Business  
**100 US HIGHWAY ONE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**LAKE PARK FLORIDA**

City & State

4. FEI Number **65-0688401**

Applied For  
Not Applicable

Zip Country  
**33403 PALM BEACH**

Zip Country

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  
P.O BOX 30614  
PALM BEACH GARDENS FL 33420**

Name

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

**100 US HIGHWAY ONE**

City  
**LAKE PARK**

FL

Zip Code  
**33403**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
DANIEL KEEGAN  
100 US HIGHWAY ONE  
LAKE PARK FL 33403** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)