FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2003 8:00 am Secretary of State

DOCUMENT# 9900003839 1. Entity Name High Touch - High Tech of North Florida, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3432 Robinhood Rd. 3432 Robinhood Rd.					60025866		
City & State	illahassee, FL	City & State Tallahassee.	FL	4. F	El Number 59 - 340 2201	Applied For Not Applicable	
Zip 323(2	Country	Zip 32312	Country		ertificate of Status Desired	\$8.75 Additional Fee Required	
C NO 4 10 4 10 40 40 10 10 10 10 10 10 10 10 10 10 10 10 10	Bell to the second of the second of	The second sections		7. Nai	ne and Address of Current Registe		
Friendling and the			Name Q.		or him be in het Acceptable)		
	DO NOT W	RITE	Street Addr	esse P.O. Bo	ox Number is Net Acceptable)		
			3432	- Kobir	ox Number is Not Acceptable)		
	: IN THIS SP	AUE				}	
			Chyru	1		L Zip Code 33317	
8 The above nam	and antity submits this statement for	the number of changing its	registered office or rec	aleass c	ent, or both, in the State of Florida. I a		
	of registered agent.	trie purpose of crianging its	s registered office of reg	gistered age	irit, or both, iff the state of morida. I al	m rasililar with, asid accept	
1 /2		0 . 1	0.	1 (4/20	103	
SIGNATURE	Aure, typed on printed name of registered agent a	nd title if applicable. (NO	ALA FCES WO TE: Registered Agent signature re	equired when rei		7103	
Januar	y 1 - May 1 Fee is \$150.00				1		
Afte	er May 1, Fee is \$550.00 nended UBR is \$61.25	, t -			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check Pay	able to Florida Department of	State			Trast dia combalon.	Added to Fees	
10.	. OFFICERS AND I		1 1 1 1	4 4	THE RESERVE THE PARTY OF THE PA		_
THILE			TITLE.				702
NAME S	ian Carbin 132 Robinsond Rel		NAME -				Ξ
STREET ADDRESS 34	Mahastee FL 32-312		STREET ADDRESS				2 2
TITLE 5	MARANCE, FL 3FOW	·	tinue 1	A P R Sales	ar and the		CR2E034B (12/02
	dy Alexander		NAME .				쏤
STREET ADDRESS 34	33 Robinhood Rd	•	STREET ADDRESS				_
CMY-ST-ZIP Ta	Mahassee FL 3231.	•	CITY, ST-ZIP	*			
TITLE			ZTITLE,				
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP		-	STREET ADDRESS*	المنطق في الدالي	. DO NOT WR	RITE	
			Me 2012 20 20 20 20 20 20 20 20 20 20 20 20 20		and the second s	4 1 16 14 16 16 16 16 16 16 16 16 16 16 16 16 16	
TITLE NAME			NAME		IN THIS SPA	ACE:	
]				· · · · · · · · · · · · · · · · · · ·	かい こうしょう しょうしょ ちょうしょ () (場)	5 77	
STREET ADDRESS			STREET ADDRESS	The state of the s	The state of the s	禁心。这一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP"

CITÝ-ST-ZÍP

TITLE NAME

SIGNATURE: &

TITLE

NAME STREET ADDRESS CITY-SY-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

850-383-1362

Daytime Phone #