2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000101385** Feb 26, 2000 8:00 am **Secretary of State** HUMAN TOUCH SUPPORT COORDINATION, INC. 02-26-2000 90010 027 ***150.00 Principal Place of Business Mailing Address P O BOX 10480 6028 SONGBIRD DR PENSACOLA FL 32503 PENSACOLA FL 32524-0480 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3413909 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICH, DAVID A Street Address (P.O. Box Number is Not Acceptable) 6028 SONGBIRD DRIVE PENSACOLA FL 32503 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change DITLE ☐ Delete NAME RICH, DAVID A STREET ADDRESS STREET ADDRESS 6028 SONGBIRD DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete TITLE Change Addition NAME RICH, PATRICIA A NAME STREET ADDRESS STREET ADDRESS 6028 SONGBIRD DRIVE CITY ST-7IP CITY-ST-ZIP PENSACOLA FL 32503 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR