2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P97000066086 1. Entity Name THE TOUCH-UP CO. 04-27-2000 90114 020 ***150.00 Principal Place of Business Mailing Address 3402 CORAL SPRINGS DR 3402 CORAL SPRINGS DR CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33355-0993 US US 3. Mailing Address 2. Principal Place of Business P.O. Box 550993 415+ 5+ 13226 Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3470831 FL Davie t. Lauderdale Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 33330 33355 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCULLY, ROSEMARY Street Address (P.O. Box Number is Not Acceptable) 3402 CORAL SPRINGS DR 3226 S W. 4157 **CORAL SPRINGS FL 33065** Davie 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. 4-14-00 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. □ Delete TITLE SCULLY, EDWARD M SR. NAME NAME 13216 S.W.41st St. Pavie, FL 33330 STREET ADDRESS 3402 CORAL SPRINGS DR STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-7IP TITLE ☐ Delete TITLE SCULLY, ROSEMARY NAME NAME 13226 S.W. 41st Sf. Davia, FL 33330 Change--- Addition STREET ADDRESS 3402 CORAL SPRINGS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ____ Delete ____ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSCMARY SCULLY 4-14-00 954-382-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date