

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90212 044 ***150.00

DOCUMENT # P97000066086

1. Entity Name
THE TOUCH-UP CO.

Principal Place of Business

Mailing Address

13226 SW 41ST STREET
 DAVIE FL 33330
 US

PO BOX 550993
 FT LAUDERDALE FL 33355
 US

7 0 0 0 4 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

809 N.E. 45th St.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number **59-3470831**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33334

US

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

SCULLY, ROSEMARY
 13226 SW 41ST STREET
 DAVIE FL 33330

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SCULLY, EDWARD M SR.
 CITY-ST-ZIP 13226 SW 41ST STREET
 DAVIE FL 33330

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SCULLY, ROSEMARY
 CITY-ST-ZIP 13226 SW 41ST STREET
 DAVIE FL 33330

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

TITLE ☐ Delete
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 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:

Rosemary Scully Rosemary Scully 4-25-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)