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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UE
DOCUMENT # P97000067945

1. Entity Name

TOUCH OF LOVE RETIREMENT, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91891 004 ***150.00

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2. Principal P	lace of Business	3. Mailing Address	And the Control of th	and the tests have a fact to a secure was the t							
	orthwest 23 Street	SAME									
Suite, Apt.		Suite, Apt. #, etc.	·		DO NOT WRITE IN THIS SPACE						
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City & State	е	City & State			4. FEI Number Applied For						
Coral S	prings, FL 33065				65-0782603 Not Applicable						
Zip	Country	Zip	Count	ry	5 CA	rtificate of Status Desired	\$8.7	5 Additional			
33065	USA							equired			
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And the second s	and the second s	W. Santana School St. Carlos and Carlos School Scho		Name CREAVE	S. R	nhsilvn					
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	THE RESERVE OF THE PARTY OF THE	TALLICON, INTERNET, INTERNET, PROPERTY SERVICE AND AND THE PERSON.		10132 NW	1 23rd	l Street					
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				Coral Sp	prings FL Zip Code 33065						
	named entity submits this statement for	or the purpose of changin	g its registere	d office or registere	red agen	i, or both, in the State of Florida. I an	n familiar	with, and accept			
the obligati	ions of registered agent.										
		4)			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered	Agent signature required	when reinst	lating) DATE					
Jan	uary 1 - May 1 Fee is \$150.00										
	After May 1, Fee is \$550.00					9. Election Campaign Financing		\$5.00 May Be			
Make Chark	Amended UBR is \$61.25 Payable to Florida Department of					Trust Fund Contribution.		Added to Fees			
10.	OFFICERS AND	Authorities and Market 12	EV. and	Historia Cara da Maria	CARACTERIA VICA	Control of the Contro	THE WILL SHAPE				
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NAME	GREAVES, Bobsilyn		NAME		nade in a said		E BENT	W. S. E. S. P. SEL			
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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 on an attachment with an address with all other like empowered.

SIGNATURE: _

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Bobsilyn Greaves

04/30/2003

Daytime Phone #

CR2E034B (12/0