

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087238

1. Entity Name

THE MASTER'S TOUCH SERVICES INC.

Principal Place of Business

1091 E COMMERCIAL BLVD  
FORT LAUDERDALE FL 33334

Mailing Address

1091 E COMMERCIAL BLVD  
FORT LAUDERDALE FL 33334-3900

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0880664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOTTERMAN, KIM J  
1091 E COMMERCIAL BLVD  
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

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, 2000 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

TITLE ☐ Delete

NAME LOTTERMAN, KIM J  
STREET ADDRESS 252 SW 6TH ST  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete

NAME VP LOTTERMAN, LUCY  
STREET ADDRESS 252 SW 6TH ST  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete

NAME TUCKER, TIMOTHY  
STREET ADDRESS 2860 NW 21ST AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete

NAME S THOMPSON, ALVIN  
STREET ADDRESS 2120 NW 29TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90014 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CRS 01-11-00