

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104219

1. Entity Name  
FINAL TOUCH BY MARY, INC.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90368 019 \*\*\*150.00

1096010 AV

Principal Place of Business

~~2806 EDGEWATER~~  
ORLANDO FL 32804  
US

Mailing Address

~~1976 BURCHSTONE DR.~~  
ORLANDO FL 32806

2. Principal Place of Business

1707-B.N. MILLS AVE

3. Mailing Address

1707-B.N. MILLS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLA.

City & State

ORLANDO FLA.

Zip

32803

Country

ORLANDO

Zip

32803

Country

ORLANDO

4. FEI Number

59-3550000

Applied For

Not Applicable

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

KRISTMANN, JOHN A  
1976 BURCHSTONE DR.  
ORLANDO FL 32806

8. The above named entity submits this statement for the purpose of changing its re  
the obligations of registered agent.

SIGNATURE

*John A. Kristmann*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE:

CHANGE OF ADDRESS

BEGIN JUNE 1 OF 2003

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KRISTMANN, JOHN A  
1976 BURCHSTONE DR.  
ORLANDO FL 32806

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KRISTMANN, MARY D  
1976 BURCHSTONE DR.  
ORLANDO FL 32806

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John A. Kristmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN A. KRISTMANN 4-28-03

407-425-3671

CR2E034 (10/02)