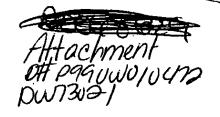
2000 UNIFORM BUSINESS REPORT (UBR) P99000010472 **DOCUMENT #** 1. Entity Name **FILED** A CARING TOUCH, INC. Aug 02 2000 8:00 am Secretary of State Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 4506 SILVER HILL CT. 2855 BARRY DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59–3552818 Applied For City & State
SUMERDUCK, VA City & State Not Applicable DELTONA, FL Zip 32725 Country \$8.75 Additional Country 5. Certificate of Status Desired 22742 USÁ Fee Required 7. Name and Address of New Registered Agent \_\_6.\_Name and Address of Current Registered Agent STEPHANIE A. BRADFORD City <del>23272</del>5 DELITONA 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \*10,-Election Campaign Financing-\$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ke Check Payable to Department of State : (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. X Addition Change ☐ Delete PRESIDENT STEPHANIE A. BRADFORD NAME STREET ADDRESS 2855 BARRY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DELTONA, FL 32725 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · Change - 🖃 'Addition TILE Delete ----MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change TITLE Delete 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 Delate TITLE THIF NAME NAME STREET ADDRESS 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 it made under oath; that I am an officer or director of the corporation or the reserver 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:

[Attochment]

## A Caring Touch, Inc. Assisted Care Living Facility PO Box 390741

Deltona, FL 32738 Phone: (904) 789-6868



June 23, 2000

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: A Caring Touch, Inc., FEIN #59-3552818

Dear Sir/Madam,

This letter is to request that you waive the \$400 late-filing penalty for the enclosed 2000 Uniform Business Report (UBR) for A Caring Touch, Inc., because we never received notice from you indicating that this needed to be filed. Please note that the form enclosed is one that was requested through your telephone service and that it does not contain any preprinted information. In fact, the only reason we came to find that this report was due, is because a friend in another state mentioned that their annual Corporate reports were due.

We thank you for your consideration in this matter. Please call us if you have any questions regarding this matter.

Very **1/4/y y**ours,

Stephanie Bradford

President

**Enclosures**