

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024117

1. Entity Name

KEEP IN TOUCH ENTERPRISES, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90173 045 \*\*\*150.00

**B0008556**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5675 ALBERT ROAD  
WEST PALM BEACH FL 33445

Mailing Address  
5675 ALBERT ROAD  
WEST PALM BEACH FL 33445-7111

2. Principal Place of Business  
1784 N. CONGRESS AV.  
Suite, Apt. #, etc.  
# 100

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
W. PALM BEACH, FL.

City & State

4. FEI Number  
65-0904350  
Applied For  
Not Applicable

Zip  
33409  
Country  
PALM BEACH

Zip  
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BARTH, RICHARD  
5675 ALBERT ROAD  
WEST PALM BEACH FL 33415

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]* DATE 1/18/00  
(NOTE: Registered Agent signature required when reinstating)

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 |                          |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|--------------------------|---------------------------------|---|--|---|
| TITLE                      | PSD                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARTH, RICHARD           |                                 | NAME  |  |   |
| STREET ADDRESS             | 5675 ALBERT ROAD         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33415 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | VP                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARTH, LUCILLE           |                                 | NAME  |  |   |
| STREET ADDRESS             | 5675 ALBERT ROAD         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33415 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          |                                 | NAME  |  |   |
| STREET ADDRESS             |                          |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          |                                 | NAME  |  |   |
| STREET ADDRESS             |                          |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          |                                 | NAME  |  |   |
| STREET ADDRESS             |                          |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          |                                 | NAME  |  |   |
| STREET ADDRESS             |                          |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                          |                                 | 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]* DATE 1/18/00 561-689-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)