

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90126 040 ***158.75

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DOCUMENT # P99000044685

1. Entity Name
TOUCHLIGHT SERVICES, INC.



Principal Place of Business

~~704 S PATRICK DRIVE~~
~~SATELLITE BEACH FL 32937~~

Mailing Address

~~704 S PATRICK DRIVE~~
~~SATELLITE BEACH FL 32937~~

2. Principal Place of Business

704 S Patrick Drive

Sub:

3. Mailing Address

285 Current Drive

Sub:

City & State

Satellite Beach, FL

Zip
32937

Country
US

City & State

Rockledge, FL

Zip
32955

Country
US

4. FEI Number

65-0917118

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

JECMEN, SALLY J

704 S PATRICK DRIVE

SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

Jecmen Sally J.

Street Address (P.O. Box Number is Not Acceptable)

285 Current Dr

City

Rockledge

FL

Zip Code

32955

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sally J. Jecmen **PRESIDENT**

1/7/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDST** ☒ Delete
NAME **JECMEN, SALLY J**
STREET ADDRESS **704 S PATRICK DR**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☒ Change ☐ Addition
NAME **Jecmen, Sally J**
STREET ADDRESS **285 Current Dr.**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Sally J. Jecmen **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/03

Daytime Phone #

321-537-3625

CR2E034 (10/02)