

05-01-2003 90369 046 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000054625

1. Entity Name
A CUSTOM TOUCH, INC.



Principal Place of Business
 10070 HAWKS HOLLOW RD.
 JACKSONVILLE, FL 32257

Mailing Address
 A CUSTOM TOUCH INC.
 3714 VIA DE LA REINA
 JACKSONVILLE, FL 32217

20038004

2. Principal Place of Business
 3929 Sierra Madre Dr. N.
 Suite, Apt. #, etc.

3. Mailing Address
 3929 Sierra Madre Dr. N.
 Suite, Apt. #, etc.

City & State
 Jacksonville FL

City & State
 Jacksonville FL

4. FEI Number
 59-3580884

Applied For
 Not Applicable

Zip Country
 32217 Duval

Zip Country
 32217 Duval

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
 GUGGISBERG, CATHY
 10070 HAWKS HOLLOW RD.
 JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent
 Name: Cathy Guggisberg
 Street Address (P.O. Box Number is Not Acceptable): 3929 Sierra Madre Dr. N.
 City: Jacksonville FL Zip Code: 32217

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: *Cathy Guggisberg*

DATE: 4/29/03

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$650.00
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D	NAME: GUGGISBERG, CATHY	STREET ADDRESS: 10070 HAWKS HOLLOW RD.	CITY-ST-ZIP: JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
TITLE: PVP	NAME: GUGGISBERG, CATHY	STREET ADDRESS: 10070 HAWKS HOLLOW RD.	CITY-ST-ZIP: JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete
TITLE: ST	NAME: GUGGISBERG, CATHY	STREET ADDRESS: 10070 HAWKS HOLLOW RD.	CITY-ST-ZIP: JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

TITLE: PPVP	NAME: Cathy Guggisberg	STREET ADDRESS: 3929 Sierra Madre Dr. N.	CITY-ST-ZIP: Jacksonville FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cathy Guggisberg*

DATE: 4/29/03

CR2E034 (10/02)