2000 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P99000078873** THE RIGHT TOUCH SERVICES, INC. 04-24-2000 90021 033 ***158.75 Principal Place of Business Mailing Address 1300 WEST INDIES WAY 1300 WEST INDIES WAY LANTANA FL 33462-4264 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address 6620 Dillman Boad Extension 6620 Dillman Road extension Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State W.P.B. FL 65.0945630 WPB, FL Not Applicable Country \$8.75 Additional 3-3455 5. Certificate of Status Desired - - - -32413-3455 u.S us 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent L. Tardiff-Castro Pamela CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 3125 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 FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE ☐ Delete TITLE Pamela L. Tardiff-Castro TARDIFF, PAMELA L NAME NAME 6620 Dillman Rd. Extension STREET ADDRESS STREET ADDRESS 1300 WEST INDIES WAY WPB, FL 33413-3455 CITY-ST-ZIP CITY-ST-7IP LANTANA FL 33462 Change ☐ Addition TITLE ☐ Delete TITLE Castro CASTRO, HECTOR 6620 Dillman Rd. Extension NAME NAME STREET ADDRESS STREET ADDRESS 1300 WEST INDIES WAY WPB, FL 33413- 3455 CITY-ST-7IP CITY-ST-7IP LANTANA FL 33462 Carlos Castro Change ☐ Addition ☐ Delete TITLE CASTRO, CARLOS NAME 1300 W. Indies Way STREET ADDRESS 1300 WEST INDIES WAY STREET ADDRESS Lantana FL 33462 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela L. Tardiff. Castro 4.13.2000 (Sc) 242.5326

Daytime Phone #

CR2E034 (9)