

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90122 018 ***550.00

DOCUMENT # P01000049904

1. Entity Name
TABATHA EXQUISITE TOUCH INC

Principal Place of Business Mailing Address
758 40TH AVE SOUTH 758 40TH AVE SOUTH
ST PETERSBURG FL 33705 ST PETERSBURG FL 33705

2. Principal Place of Business 3. Mailing Address
2234 95th SO Dr. Mc King St. 758 40th Ave So.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Petersburg Fl. St. Petersburg Fl.
 Zip Zip Country Country
Fl. 33705 Pinellas 33705 Pinellas

4. FEI Number Applied For
69-31072062 Not Applicable

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

6. Name and Address of Current Registered Agent
COLLINS, DONALD R
3606 CENTRAL AVE
ST PETERSBURG FL 33711

7. Name and Address of New Registered Agent
 Name **Sedric Mackie**
 Street Address (P.O. Box Number is Not Acceptable)
3530 1st Ave. N Suite 205
 City **St. Petersburg** FL Zip Code **33713**

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: *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

DATE: **9-3-2002**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEY, CONSUELO <input type="checkbox"/> Delete 758 40TH AVE SOUTH ST PETERSBURG FL 33705
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9/03/02** Daytime Phone #: **(727) 463-6645 or 550-9465**

CFR2E034 (4/02)



Attachment
873833

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

September 17, 2002

TABATHA EXQUISITE TOUCH INC
758 40TH AVE SOUTH
ST PETERSBURG, FL 33705

Subject: TABATHA EXQUISITE TOUCH INC

Reference Number: P01000049904

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOICATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the
Division of Corporations at (850) 488-9000.

/JN
ANNUAL REPORTS SECTION