FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(6)

DOCUMENT #
1. Corporation Name UNITED BATHROOM SYSTEMS, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
3731 SW 47TH AVE 3731 SW 47TH AVE						
SUITE 402		SUITE 402				DO NOT WOLF IN THE COACE
FT LAUDERDA	LE FL 33314	FT LAUDERDALE US	FT LAUDERDALE FL 33314			DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualified 02/17/1983
9 Principal Pla	ace of Business	2a, Mailing Addr	288			4. FEI Number Applied For
	doe of Eddiness		26			59-2760117 Not Applicable
Suite, Apt. #	# etc		Suite, Apt. #, etc.			\$0.7E Additional
22	.,, 0.00	⊢-	27			5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip Country		Zip				8. This corporation owes or has paid the current year Intangible
24	25	29	30	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
WEI	imer, stephen j			81	Name	e
C/0	MS INC	82 Street Ad			at Address (P.O. Box Number is Not Acceptable)	
373	1 SW 47TH AVE SUITE 402		ou out of			,
FTI	LAUDERDALE FL 33314			83		
				84	City	■■ 85 Zip Code
					•	FL
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature: typed or profed name of registered agent and title diagrocable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS			nt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DE DIRECTORIO		TITLE		Change Addition
NAME	S CHWARTZ, LINDA S	*		NAME		
STREET ADDRESS	4040 DANHEN CIDOLE		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	PT LAUDEDDALE EL		T I	1.4 CITY - ST - ZIP		
TITLE			2.1 TITLE		Change Addition	
NAME	WEIMER, STEPHEN J		2.21	2.2 NAME		
STREET ADDRESS	1212 BAYVIEW CIR		2.3 STRE		ADDRESS	Ray 291345
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY - ST - ZIP		BOX 291345 FT. LAUSECDALE, FL 33329-1345
TITLE				3.1 TITLE		Change Addition
NAME	TIPHED CHARLED II		3.2	3.2 NAME		
STREET ADDRESS 5098 NW 98TH LN			3.3 \$1		ADDRESS .	;
CITY-ST-ZIP	CORAL SPRINGS FL 3.4		3.4.	3.4. CITY - ST - ZIP		
TITLE			TITLE		Change Addition	
NAME	TURNER, DENISE F		4.2	NAME		
STREET ADDRESS			STREET	address	3	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4	CITY - S	T-ZIP	
TITLE		☐ DE	LETE 5.1	TITLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS			5.3	STREET	ADDRESS	5
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE			61 TITLE		Change Addition	
NAME			6.2	NAME		
STREET ADDRESS			6.3	STREET	ADDRESS	3
CITY-ST-ZIP			6.4	CITY-S	T-ZIP	

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 annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.