

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G24428

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: UNITED BATHROOM SYSTEMS, INC.

## Current Principal Place of Business:

3731 SW 47TH AVE  
SUITE 402  
FT LAUDERDALE, FL 33314 US

## New Principal Place of Business:

## Current Mailing Address:

3731 SW 47TH AVE  
SUITE 402  
FT LAUDERDALE, FL 33314 US

## New Mailing Address:

FEI Number: 59-2760117      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER, CHARLES H  
% UNITED BATHROOM SYSTEMS INC  
3731 SW 47TH AVE SUITE 402  
FT LAUDERDALE, FL 33314 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TURNER, CHARLES H  
Address: 5028 S.W. 40TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33314

Title: VPD (X) Delete  
Name: BELLOWS, GARY W  
Address: 3731 SW 47TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33314 US

Title: VD ( ) Delete  
Name: OVERBEY, GAYLON G  
Address: 12126 AMBROSIA COURT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: S ( ) Delete  
Name: LANGBEIN, DIANA  
Address: 516 SW 13TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33315

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: OVERBEY, GAYLON G  
Address: 12126 AMBROSIA COURT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H. TURNER

PD

01/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date