

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **481676**

1. Entity Name

THE BATHTUB MAN, INCORPORATED

Principal Place of Business

**6254 POWERS AVE. #24
JACKSONVILLE FL 32217**

Mailing Address

**6254 POWERS AVE. #24
JACKSONVILLE FL 32217**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**NIPPER, JAMES L.
STE 2400 INDEPENDENT SQ
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

Date

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	☐ Delete
NAME	TROSCHER, ENID	
STREET ADDRESS	5353 STANFORD RD.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ Delete
NAME	TAYLOR, LORI	
STREET ADDRESS	3620 CALLA DR.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	EV	☐ Delete
NAME	TROSCHER, ENID	
STREET ADDRESS	5353 STANFORD RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

Enid Troscher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENID TROSCHER 4/23/01
Date Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90320 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)