

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90162 050 ***150.00

DOCUMENT # G24428

1. Entity Name
UNITED BATHROOM SYSTEMS, INC.

Principal Place of Business 3731 SW 47TH AVE SUITE 402 FT LAUDERDALE FL 33314 US	Mailing Address 3731 SW 47TH AVE SUITE 402 FT LAUDERDALE FL 33314-2800 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2760117		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent WEIMER, STEPHEN J C/O UNITED BATHROOM SYSTEMS INC 3731 SW 47TH AVE SUITE 402 FT LAUDERDALE FL 33314				7. Name and Address of New Registered Agent Name: CHARLES H. TURNER Street Address (P.O. Box Number is Not Acceptable): 210 UNITED BATHROOM SYSTEMS, INC. 3731 SW 47th Ave City: FT LAUDERDALE FL Zip Code: 33314			
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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: *Charles H. Turner* **CHARLES H. TURNER, VP** DATE: **4/28/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VPD NAME: WEIMER, STEPHEN J STREET ADDRESS: 391 LUY LANG CITY-ST-ZIP: WESTON FL 33326 <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD NAME: TURNER, CHARLES H STREET ADDRESS: 5098 NW 98TH LN CITY-ST-ZIP: CORAL SPRINGS FL <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: TURNER, DENISE F STREET ADDRESS: 5098 NW 98TH LN CITY-ST-ZIP: CORAL SPRINGS FL <input type="checkbox"/> Delete		TITLE: SD NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: VP NAME: GARY W. BELLOWS STREET ADDRESS: 1900 S OCEAN BLVD, #5 CITY-ST-ZIP: POMANO BEACH, FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <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: *Charles H. Turner, VP* **CHARLES H. TURNER** DATE: **4/28/00** DAYTIME PHONE #: **954-583-5262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR