

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90105 010 \*\*\*158.75

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**DOCUMENT # G24428**

1. Entity Name  
**UNITED BATHROOM SYSTEMS, INC.**

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2760117</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 reinstating) 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, 2002 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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>TURNER, CHARLES H</b>	
STREET ADDRESS <b>5028 S.W. 40TH AVE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33314</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>FRAPART, BRADFORD N</b>	
STREET ADDRESS <b>8405 N.W. 16TH ST., #314</b>	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>	
TITLE <b>SVPD</b>	<input type="checkbox"/> Delete
NAME <b>BELLOWS, GARY W</b>	
STREET ADDRESS <b>3731 SW 47TH AVE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33314</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete
NAME <b>GAYLON G. OVERBEY</b>	
STREET ADDRESS <b>12126 AMBROSIA COURT</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32223</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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: *Charles H Turner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/02** **(954) 583-5262**  
 Date Daytime Phone #

CR2E034 (9/01)