

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90257 048 ****50.00

DOCUMENT # L00000011111

1. Entity Name

ONE SHOWER, LLC

Principal Place of Business

**254 JELLISON RD.
 ST. AUGUSTINE FL 32080**

Mailing Address

**254 JELLISON RD.
 ST. AUGUSTINE FL 32080**

2. Principal Place of Business

7 LLOVERA PL.

Suite, Apt. #, etc.

3. Mailing Address

7 LLOVERA PL

Suite, Apt. #, etc.

City & State

PALM COAST FL

Zip

32164

Country

FLORIDA

City & State

PALM COAST FL

Zip

32164

Country

FLORIDA

4. FEI Number

57-3671790 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHOW254 320802231 1801 06 01/07/02
 NOTIFY SENDER OF NEW ADDRESS
 :SHOWERPIX
 7 LLOVERA PL
 PALM COAST FL 32164-5868**

7. Name and Address of New Registered Agent

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

FL

Zip Code

registered agent, or both, in the State of Florida.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR PRES** ☐ Delete

NAME **SPAULDING, THOMAS C**

STREET ADDRESS **254 JELLISON RD.**

CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **7 LLOVERA PL** ☐ Delete

NAME **PALM COAST FL**

STREET ADDRESS **32164**

CITY-ST-ZIP **32164**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-10-02 386-437-6882

CR2E083 (9/01)