

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000025392

FILED  
Apr 16, 2003  
Secretary of State

Entity Name: HEALTHY RESTROOMS ENTERPRISE, L.C.

**Current Principal Place of Business:**

12741 WOLD PLAZA LANE, BLDG. 84, SUITE #3  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

C/O VIOLA BARTEL  
5109 DEL PRADO BOULEVARD  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 52-2380882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARTEL, VIOLA  
5109 DEL PRADO BOULEVARD  
CAPE CORAL, FL 33904    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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCHMITT, KLAUS  
Address: SONNESTR. 24, 66501  
City-St-Zip: KLEINBUNDENBACH, GERMANY,

Title: MGRM ( ) Delete  
Name: SCHMITT, SIMONE  
Address: SONNESTR. 24, 66501  
City-St-Zip: KLEINBUNDENBACH, GERMANY,

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHMITT, KLAUS  
Address: SONNENSTR. 24  
City-St-Zip: KLEINBUNDENBACH, GERMANY, D 66501 D

Title: MGRM (X) Change ( ) Addition  
Name: SCHMITT, SIMONE  
Address: SONNENSTR. 24  
City-St-Zip: KLEINBUNDENBACH, GERMANY, D 66501 D

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 is true and accurate and that my electronic 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: KLAUS SCHMITT/SIMONE SCHMITT      PVP      04/16/2003

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date