

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90050 010 ***150.00

DOCUMENT # **State will complete the PO20000**
 1. Entity Name **1 DAY BATH SYSTEMS**
 registration # and entities name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **18210 PAULSON DR**
 Verify information

3. Mailing Address
 Verify information

Suite, Apt. #, or
Port Charlotte FL
 City & State

Suite, Apt. #, etc.
3029 Rock Creek DR
 City & State **Port Charlotte FL**

82-0562307
 FEI Number
 Verify information

Zip **33954** Country **Charlotte**

Zip **33948** Country **Charlotte**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **Verify information Christopher STONEBERG**
 Street Address (P.O. Box Number is Not Acceptable)
3029 Rock Creek DR
 City **Port Charlotte FL** Zip Code **33948**

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 _____ DO NOT need to sign unless there is a change
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)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	NAME	STREET ADDRESS	CITY-ST-ZIP
Verify information			
PRESIDENT	CHRIS STONEBERG	3029 Rock Creek DR	Port Charlotte FL 33948

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.
4-28-03 Sign, date and complete daytime telephone # **Christopher STONEBERG** **941-456-3752**
 SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #