

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020190

1. Entity Name

FIRST CLASS BATH SYSTEMS INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90281 002 ***150.00

Principal Place of Business

1227 CAPE CORAL PKWY.
CAPE CORAL FL 33904

Mailing Address

1227 CAPE CORAL PKWY.
CAPE CORAL FL 33904

2. Principal Place of Business

1219 Cape Coral Pkwy E.
Suite, Apt. #, etc.

3. Mailing Address

1219 Cape Coral Pkwy E.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral Florida
Zip 33904 Country Lee

City & State

Cape Coral Florida
Zip 33904 Country Lee

4. FEI Number

65-0732862

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINN, KEVIN B
1227 CAPE CORAL PKWY.
CAPE CORAL FL 33904

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, 2001 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 P
NAME QUINN, KEVIN B ☐ Delete
STREET ADDRESS 1312 SW 11TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE VP
NAME QUINN, ANTHONY A ☐ Delete
STREET ADDRESS 2028 SE 28TH TERR.
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE CFOD
NAME GEM, MICHAEL P ☐ Delete
STREET ADDRESS 1316 SE 32ND TERR.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D
NAME POUCHER, LARE L ☒ Delete
STREET ADDRESS 39634 TWENLOW
CITY-ST-ZIP CLINTON TWP. MI 48038

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Kevin B. Quinn Kevin B. QUINN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01 90549-7001

Date

Daytime Phone #

0533782

CR2E034 (10/00)