

P97000020190

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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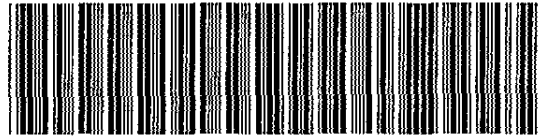
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FIRST CLASS BATH SYSTEMS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000020190

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN QUINN

(Name of Person)

FIRST CLASS BATH SYSTEMS INC.

(Name of Firm/Company)

1219 Cape Coral Parkway, E.

(Address)

Cape Coral, Florida 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Daniel Sasso

(Name of Person)

at ( 239 ) 542-1355

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIRST CLASS BATH SYSTEMS INC.
2. The principal office address: 1219 Cape Coral Parkway, E., Cape Coral, Florida 33904
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 5, 1997 Document number: P97000020190
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KEVIN B. QUINN

1227 Cape Coral Parkway

Cape Coral, Florida 33904

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KAREN QUINN

1219 Cape Coral Parkway, E.

(P.O. Box or personal mailbox NOT acceptable)

Cape Coral, Florida 33904

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Karen Quinn  
(Signature of an officer or director)

KAREN QUINN, President  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Karen Quinn  
(Signature of Registered Agent)

January 15, 2004  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314