

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90034 019 ***150.00

DOCUMENT # P97000023455

1. Entity Name
BATH CREST OF SARASOTA, INC.

Principal Place of Business 901 N CONRAD AVE SARASOTA FL 34237	Mailing Address 901 N CONRAD AVE SARASOTA FL 34237
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2434 Bluebird Ave	3. Mailing Address 2434 Bluebird Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Port, FL	City & State North Port, FL
Zip 34286	Country USA
Country USA	Zip 34286
Country USA	Zip 34286

4. FEI Number 65-0738588	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**METZGER, JENNIFER M
 901 N CONRAD AVE
 SARASOTA FL 34237**

Name Jennifer M Metzger
Street Address (P.O. Box Number is Not Acceptable) 2434 Bluebird Ave
City North Port
State FL
Zip Code 34286

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 **Jennifer M Metzger** **4/20/01**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete METZGER, JENNIFER H 901 N CONRAD AVE SARASOTA FL 34237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Metzger, Jennifer M 2434 Bluebird Ave North Port FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete METZGER, JOHN B 901 N CONRAD AVE SARASOTA FL 34237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Metzger, John B 2434 Bluebird Ave North Port FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Jennifer M Metzger** **4/20/01** **(941) 373-0602**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)