

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000063402

FILED
Apr 10, 2003
Secretary of State

Entity Name: KITCHEN AND BATH SYSTEMS INC.

Current Principal Place of Business:

6 WOOD CENTER LANE
PALM COAST, FL 32164

New Principal Place of Business:

4882 PALM COAST PARKWAY
SUITE 5
PALM COAST, FL 32137

Current Mailing Address:

6 WOOD CENTER LANE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-3523511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GOMEZ, FRED F
Address: 6 WOOD CENTER LANE
City-St-Zip: PALM COAST, FL 32164

Title: VPD () Delete
Name: GOMEZ, TODD A
Address: 6 WOOD CENTER LANE
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: GOMEZ, SUSAN K
Address: 6 WOOD CENTER LN
City-St-Zip: PALM COAST, FL 32164

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GOMEZ, SUSAN K
Address: 6 WOOD CENTER LN
City-St-Zip: PALM COAST, FL 32164

Title: - () Change (X) Addition
Name: -, - - -
Address: -
City-St-Zip: -, - - -

Title: - () Change (X) Addition
Name: -, - - -
Address: -
City-St-Zip: -, - - -

Title: VPD () Change (X) Addition
Name: GOMEZ, KEVIN M
Address: 23 BALLARD LANE
City-St-Zip: PALM COAST, FL 32137

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED F GOMEZ

P

04/10/2003

Electronic Signature of Signing Officer or Director

Date