

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067907

1. Entity Name

ULTIMATE BATH DESIGN & REMODELING, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90031 045 \*\*\*150.00

Principal Place of Business

1233 S. MILITARY TRAIL  
 UNIT F  
 WEST PALM BEACH FL 33413

Mailing Address

1233 S. MILITARY TRAIL  
 UNIT F  
 WEST PALM BEACH FL 33415-4629

2. Principal Place of Business

1209 A S. Military Trail

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

4. FEI Number

65-0944591

Applied For

Not Applicable

Zip

Country

33415 USA

Zip

Country

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

FRANKLIN, ELLIOTT  
 5315 LAKE WORTH ROAD  
 LAKE WORTH FL 33463

Name

Susan Fanelli

Street Address (P.O. Box Number is Not Acceptable)

219 Alpine Road

City

West Palm Beach

FL

Zip Code

33405

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

Susan Fanelli

Susan Fanelli

President

4/10/00

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, 2000 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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS FANELLI, SUSAN  
 CITY-ST-ZIP 1233 S. MILITARY TRAIL, UNIT F  
 WEST PALM BEACH FL 33413

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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:

Susan Fanelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

(561)

Daytime Phone #

357-0801

357-0801

CR2E034 (9/99)