

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90136 038 ***150.00

DOCUMENT # P01000004827

1. Entity Name
PALM HARBOR MATTRESS AVENUE, INC.

| | |
|---|---|
| Principal Place of Business 30860 US HWY 19 N PALM HARBOR FL 34684 | Mailing Address 30860 US HWY 19 N PALM HARBOR FL 34684 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 30860 US. 19 N PALM HARBOR FL 34683 | 3. Mailing Address 30860 U.S. 19 N |
| Suite, Apt. #, etc. NA | Suite, Apt. #, etc. NA |
| City & State PALM HARBOR FL | City & State PALM HARBOR FL |
| Zip 34683 | Country PINELLAS |

| | |
|---|---|
| 4. FEI Number 59-3689667 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CHRISTINE, ESPONITO
30860 US HWY 19 N
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name **Anthony Esposito**
 Street Address (P.O. Box Number is Not Acceptable)
522 Wexford DR East
 City **PALM HARBOR FL** Zip Code **34683**

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 **Anthony Esposito OWNER** DATE **1-10-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 OWNER PRESIDENT | <input type="checkbox"/> Delete |
| NAME CHRISTINE Esposito | |
| STREET ADDRESS 522 Wexford DR E. | |
| CITY-ST-ZIP PALM HARBOR FL 34683 | |
| TITLE OWNER VICE PRESIDENT | <input type="checkbox"/> Delete |
| NAME Anthony Esposito | |
| STREET ADDRESS 522 Wexford DR E. | |
| CITY-ST-ZIP PALM HARBOR FL 34683 | |
| TITLE SECRETARY | <input type="checkbox"/> Delete |
| NAME Anthony Esposito | |
| STREET ADDRESS 522 Wexford DR E. | |
| CITY-ST-ZIP PALM HARBOR FL 34683 | |
| TITLE TRESURER | <input type="checkbox"/> Delete |
| NAME Anthony Esposito | |
| STREET ADDRESS 522 Wexford DR E. | |
| CITY-ST-ZIP PALM HARBOR FL 34683 | |
| TITLE VACUME & CLEANING GUY | <input type="checkbox"/> Delete |
| NAME Anthony Esposito | |
| STREET ADDRESS 522 Wexford DR E. | |
| CITY-ST-ZIP PALM HARBOR FL 34683 | |
| TITLE DIRECTOR OF OPERATIONS | <input type="checkbox"/> Delete |
| NAME Anthony Esposito | |
| STREET ADDRESS 522 Wexford DR E. | |
| CITY-ST-ZIP PALM HARBOR FL 34683 | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Anthony Esposito** DATE **1-10-02** (727) 787-1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)