## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # 209739** 1. Entity Name PALM BEACH BEDDING COMPANY 04-19-2001 90044 022 \*\*\*150.00 Principal Place of Business Mailing Address 3774 INTERSTATE PARK RD N 3774 INTERSTATE PARK RD N RIVIERA BCH FL 33404 RIVIERA BCH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0833393 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUBIS, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 3774 INTERSTATE PARK RD N RIVIERA BCH FL 33404 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CD ☐ Addition TITLE ☐ Delete TITLE NAME SCHWEITZER, CHARLES NAME STREET ADDRESS STREET ADDRESS 2001 LOWER RD CITY-ST-ZIP CITY-ST-ZIP LINDEN NJ 07036 Addition SVTD ☐ Delete ☐ Change TITLE TITLE NAME KOSCICA, JAMES P NAME STREET ADDRESS STREET ADDRESS 2001 LOWER RD CITY-ST-ZIP CITY-ST-ZIP LINDEN NJ 07036 TITLE PD □ Detete TITLE Change ☐ Addition NAME **BUBIS.MICHAEL** NAME STREET ADDRESS STREET ADDRESS 3774 INTERSTATE PARK RD N CITY-ST-ZIP CITY-ST-7IP RIVIERA BCH FL 33404 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

E OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #