

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90355 044 ***150.00

DOCUMENT # 209739

1. Entity Name

PALM BEACH BEDDING COMPANYPrincipal Place of Business
**3774 INTERSTATE PARK RD N
RIVIERA BCH FL 33404**Mailing Address
**3774 INTERSTATE PARK RD N
RIVIERA BCH FL 33404**

00071256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0833393**

Applied For

Not Applicable

Zip

Country

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

BUBIS, MICHAEL W**3774 INTERSTATE PARK RD N
RIVIERA BCH FL 33404**Name **BOYLE, KYLE G**Street Address (P.O. Box Number is Not Acceptable)
3774 INTERSTATE PARK ROAD NORTHCity **RIVIERA BEACH****FL**Zip Code
33404

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

4.10.02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **CD** ☒ Delete
NAME **SCHWEITZER, CHARLES**
STREET ADDRESS **2001 LOWER RD**
CITY-ST-ZIP **LINDEN NJ 07036**TITLE **PRESIDENT, CHIEF, OP. OFF.** ☒ Change ☐ Addition
NAME **BOYLE, KYLE G.**
STREET ADDRESS **3774 INTERSTATE PARK ROAD NORTH**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**TITLE **SVD** ☒ Delete
NAME **KOSCICA, JAMES P**
STREET ADDRESS **2001 LOWER RD**
CITY-ST-ZIP **LINDEN NJ 07036**TITLE **CFO & SECRETARY** ☒ Change ☐ Addition
NAME **BREILAND, LES**
STREET ADDRESS **3774 INTERSTATE PARK ROAD NORTH**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**TITLE **PD** ☒ Delete
NAME **BUBIS, MICHAEL**
STREET ADDRESS **3774 INTERSTATE PARK RD N**
CITY-ST-ZIP **RIVIERA BCH FL 33404**TITLE **CONTROLLER & ASST. SEC.** ☒ Change ☐ Addition
NAME **REYNOLDS, RENEE**
STREET ADDRESS **3774 INTERSTATE PARK ROAD NORTH**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.02

Date

561-840-1981

Daytime Phone #

CR2E034 (9/01)