

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90113 002 \*\*\*150.00

**DOCUMENT # 821090**

1. Entity Name  
**KIMBALL TOPPERS INC.**



Principal Place of Business  
**800 CORPORATION STREET  
SANTA PAULA CA 93060-3095**

Mailing Address  
**800 CORPORATION STREET  
SANTA PAULA CA 93060-3095**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**95-2438305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PORTER, DAVID  
1503 LUCERNE PARK RD  
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

**ENTERED FEB 12 2003**

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>NELSON, DARRELL</b>	<b>807 CORPORATION ST.</b>	<b>SANTA PAULA CA 93060</b>	
	<b>ST</b>			
	<b>NICHOLS, GARY A</b>	<b>800 CORPORATION ST</b>	<b>SANTA PAULA CA 93060-3095</b>	
	<b>P</b>			
	<b>PIDDUCK, KURT P</b>	<b>800 CORPORATION STREET</b>	<b>SANTA PAULA CA 93060-3095</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**03415**

**VENDOR # TEMP 0147**

DIV	G/L ACCT	AMOUNT
<b>020</b>	<b>1159</b>	<b>150.00</b>

**BY TOTAL**

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #