

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02932

1. Entity Name

BEDS AND SPREADS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90043 024 ***150.00

Principal Place of Business

3931 JOG RD
C/O PETER J. SPECKMANN
LAKE WORTH FL 33467
US

Mailing Address

3931 JOG RD
C/O PETER J. SPECKMANN
LAKE WORTH FL 33467-1511
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2029899

Applied For

Not Applicable

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

SPECKMANN, PETER J.
1583 NORTH MILITARY TRAIL
WEST PALM BEACH FL

Name

Speckmann, Peter J.

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

3927 Jog Road

City

Lake Worth, Fl. 33467

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.

SIGNATURE

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 PD
NAME SPECKMANN, PETER J.
STREET ADDRESS 8430 WATER WAY DR
CITY-ST-ZIP W. PALM BEACH FL ☐ Delete

TITLE PD
NAME Speckmann, Peter J.
STREET ADDRESS 3927 Jog Road
CITY-ST-ZIP Lake Worth, Fl. 33467 ☐ Change ☐ Addition

TITLE STD
NAME SPECKMANN, VICKI M.
STREET ADDRESS 8430 WATERWAY DR.
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE STD
NAME SPECKMANN, VICKI M
STREET ADDRESS 3927 Jog Road
CITY-ST-ZIP Lake Worth, Fl. 33467 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: VICKI SPECKMANN, STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00 965-3700

CR2E034 (9/99)