

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36764

1. Entity Name

MATTRESS CENTER, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90041 044 ***150.00

Principal Place of Business

Mailing Address

2900 COUNTRY CLUB LANE S.W.
HALLANDALE FL 33009

2900 COUNTRY CLUB LANE S.W.
HALLANDALE FL 33009-5104

2. Principal Place of Business

8184 W. Flagler Str.
Suite, Apt. #, etc.

3. Mailing Address

14665 Midway Rd.
Ste 100
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Addison, TX

4. FEI Number

59-2995788

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

75001

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NILSEN, RICHARD B.
3050 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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.

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

TITLE PD ☐ Delete
NAME LANG, PHIL
STREET ADDRESS 14665 MIDWAY RD, STE. 100
CITY-ST-ZIP ADDISON TX 75244

TITLE ST ☒ Delete
NAME ANDERSON, CHARLES
STREET ADDRESS 14665 MIDWAY RD., STE 100
CITY-ST-ZIP ADDISON TX 75244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME McColpin, Patrick J
STREET ADDRESS 14665 Midway Rd. Ste 100
CITY-ST-ZIP ADDISON, TX 75001

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

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

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

TITLE ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

912-392-2202

Date

Daytime Phone #

CR2E034 (9/99)