

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90271 048 \*\*\*150.00

0002015

**DOCUMENT # P00000021428**

1. Entity Name  
**SLEEP CARE CENTERS OF AMERICA, INC.**

Principal Place of Business  
**1600 PARK AVENUE SUITE 5**  
**ORANGE PARK FL 32073**

Mailing Address  
**1600 PARK AVENUE SUITE 5**  
**ORANGE PARK FL 32073**

**818539**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 2183**  
 Suite, Apt. #, etc.

City & State  
**ORANGE PARK, FL**

4. FEI Number  
**59-3629782**

Applied For  
 Not Applicable

Zip  
**32067**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**WATSON, TODD ESQ**  
**7785 BAYMEADOWS WAY SUITE 107**  
**JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent  
 Name  
**DAVID J. MUYRES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2412 STOCKTON DR**  
 City  
**Green Cove Springs FL** Zip Code  
**32043**

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 *David J. Muires* **DAVID J. MUYRES** **2/15/01**  
 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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUYERS, DAVID J</b> <b>2412 STOCKTON DRIVE</b> <b>ORANGE PARK FL 32073</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P, S</b> <b>Muyres, DAVID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASPINWALL, ROBERT V</b> <b>8430 COMMONWEALTH AVENUE</b> <b>JACKSONVILLE FL 32220</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David J. Muires* **DAVID J MUYRES** **2/15/01** **(904) 739-0761**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)