2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

SIGNATURE

Mar 18, 2002 8:00 am § P00000039354 DOCUMENT # Secretary of State 1. Entity Name 03-18-2002 90185 045 ***150 00 MAM MATTRESS MARKET, INC. Principal Place of Business Mailing Address 795 INDIAN LILAC ROAD-705 INDIAN LILAC ROAD VERO BEACH FL 32963 VERO BEACH FL 32963 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-1001507 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - PIERCE, JOHN G 800 N FERNCREEK AVENUE ORLANDO FL 32803 32963 bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Addition TITLE TITLE Change ☐ Delete MILESIC. STEVE NAME NAME 705 INDIAN LILAC ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP-CITY±ST#ZIP= ☐ Delete TITLE [7] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 empower (to be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED