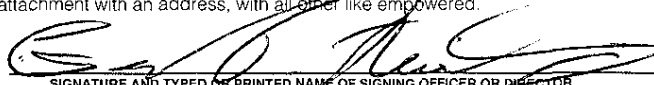


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2001 8:00 am
Secretary of State

03-07-2001 90628 013 ***150.00

DOCUMENT # P00000041906			
1. Entity Name REST AND SLEEP OF FLORIDA INC.			
Principal Place of Business 3714 CHAPLIN ROAD ST. CLOUD FL 34772		Mailing Address 3714 CHAPLIN ROAD ST. CLOUD FL 34772	
2. Principal Place of Business 647 N. SEMORNO BLVD		3. Mailing Address 5730 STARBRIGHT DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando Florida		City & State Orlando Florida	
Zip 32807	Country U.S.A	Zip 32839	Country U.S.A
6. Name and Address of Current Registered Agent AVILES, LUIS 3714 CHAPLIN ROAD ST. CLOUD FL 34772		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 530 BOHANNON BLVD City Orlando FL. FL Zip Code 32834	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D AVILES, LUIS 530 BOHANNON BLVD. ORLANDO FL 32824 <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	D AVILES, GERALDO 5730 STARBRIGHT DR. ORLANDO FL 32839 <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: 		Date 7/30/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment Doc # P00000041906
77352

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

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BANK OF AMERICA NA JAX
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REST & SLEEP OF FLORIDA, INC.
647 N. SEMORAN BLVD. 407-275-8333
ORLANDO, FL 32807

631438 1023

DATE 3/5/01

PAY TO THE ORDER OF Department of State

One Hundred Fifty Eight 1/100 \$ 150.00

8/100 07 03-09-01 DOLLARS @

PUBLIC BANK

737 WEST OAK STREET
KISSIMMEE, FLORIDA 34741

FOR DEPOSIT # P00000041906

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Security features are included on this note.

GUARDIAN & SAFETY