FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P00000059301

1. Entity Name

THE MATTRESS KING & FURNITURE COMPANY

FILED

03 AUG 21 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
844 anastasia blvd	844 anastasia blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: st. sugustine florida	City & State: st augustine florida
Zip: 32080 Country: u.s.a	Zip: 32080 Country: u.s.a

4. FEI Number 59-3655995 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: adam sabbagh

Street Address (P.O. Box Number is Not Acceptable): 35 ocean woods dr east

City: st augustine **FL** Zip Code: 32080

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ABDEL N SABBAGH PRESIDENT 8-20-2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/ sabbagh,abdel r 844 anastasia blvd st augustine fl 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/ sabbagh , mohamad 844 anastasia blvd st augustine fl 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / sabbagh , hicham 844 anastasia blvd st augustine fl 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/ sabbagh, ahmad 844 anastasia blvd st augustine fl 32080
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ABDEL N SABBAGH PRESIDENT 8-20-2003 904-669-8133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #