

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-21-2002 90099 048 ***150.00

DOCUMENT # P00000093660

1. Entity Name

THE SOUTH'S BEDDING COMPANY, INC.

Principal Place of Business
4592 CHUMUCKLA HIGHWAY
PACE FL 32571

Mailing Address
4592 CHUMUCKLA HIGHWAY
PACE FL 32571

2. Principal Place of Business
4912 Highway 90

Suite, Apt. #, etc.

3. Mailing Address
4912 Highway 90

Suite, Apt. #, etc.

City & State
Pace, FL

Zip
32571

Country

Santa Rosa

City & State
Pace, FL

Zip
32571

Country

Santa Rosa

4. FEI Number **59-3680459**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATES, ROBERT
4592 CHUMUCKLA HIGHWAY
PACE FL 32571

Name **Dennis R. Satterfield**

Street Address (P.O. Box Number is Not Acceptable)

4868 Aleff Road

City **Pace**

FL

Zip **32571**

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

Dennis R. Satterfield

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-14-02

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, 2002 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 **D** ☒ Delete
 NAME **CATES, ROBERT**
 STREET ADDRESS **5140 TRENTON CIRCLE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **D** ☒ Delete
 NAME **CATES, BETTY**
 STREET ADDRESS **5140 TRENTON CIRCLE**
 CITY-ST-ZIP **PACE FL 32571**

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **Dennis R. Satterfield**
 CITY-ST-ZIP **4868 Aleff Road**
Pace, FL 32571

TITLE ☐ Change ☒ Addition
 NAME **VPST**
 STREET ADDRESS **Janene Satterfield**
 CITY-ST-ZIP **4868 Aleff Road**
Pace, FL 32571

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:

Dennis R. Satterfield
DENNIS SATTERFIELD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02

Date

850 994 2230

Daytime Phone #

CR2E034 (9/01)