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## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 12, 2002 8:00 am Secretary of State DOCUMENT # P01000036976 02-04-2002 90127 023 \*\*\*150.00 1. Entity Name UNIVERSAL BEDDING CORPORATION Principal Place of Business Mailing Address 7000 BRYAN DAIRY ROAD 7000 BRYAN DAIRY ROAD LINIT B-3 LINIT B-3 LARGO FL 33777 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country Zip \$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 DIAZ,-DAVID: - -- --Street Address (P.O. Box Number is Not Acceptable) 7000 BRYAN DAIRY ROAD UNIT B-3 **LARGO FL 33777** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax tiling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 76 . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition CR2E034 (9/01) TITLE DWNex ☐ Delete TITLE Change David Diaz NAMÉ NAME 24-118th Place N. STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE Delete TETT F ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP. Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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