

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90788 010 \*\*\*150.00

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**DOCUMENT # P01000083991**

1. Entity Name

**AMERICAN SLEEP PRODUCTS, INC.**

Principal Place of Business

**927-C FERN STREET  
 ALTAMONTE SPRINGS FL 32701**

Mailing Address

**927-C FERN STREET  
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

**927 Fern Street  
 Suite 1700**

3. Mailing Address

**PO Box 161405**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Altamonte Springs, FL**

**Altamonte Springs, FL**

4. FEI Number

**59-3740147**

Applied For

Not Applicable

**32701 USA**

**32716-1405 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SMALLEY, WAYNE  
 1517 EAST HILLCREST ST.  
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LUECK, CARL H 7100 LAKE OLA DRIVE MT. DORA FL 32757</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO LEVY, ROBERT 136 HARROGATE PLACE LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LEVY, ROBERT 136 HARROGATE PLACE LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EYAL, VICTOR C/O HELIOLCOL HQ PARTNERS, 927 FERN ST. ALTAMONTE SPRINGS FL 32701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Robert Levy, Vice President 4/15/02 407-331-9800**

CR2E034 (9/01)