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FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90357 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110454

1. Entity Name
Serenity Mattress Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7114 N 30th St
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33610 Country: Hillsborough

3. Mailing Address
7114 N 30th St
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33610 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3753503 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: Samuel Tavarez
Street Address (P.O. Box Number is Not Acceptable): 7110 N 30th St.
City: Tampa FL Zip Code: 33610

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

9. This corporation is eligible to satisfy its annual Tax filing requirement and elects to [illegible] (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Samuel Tavarez
STREET ADDRESS	7114 N 30th St
CITY-ST-ZIP	Tampa, FL 33610
TITLE	VP
NAME	Marissa Contes
STREET ADDRESS	7114 N 30th St
CITY-ST-ZIP	Tampa, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel Tavarez
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #