## FILED 2003 FOR PROFIT CORPORATION Feb 25, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State DOCUMENT # P02000009369 1. Entity Name 02-25-2003 90112 047 \*\*\*150.00 MATTRESS PALACE INC. Principal Place of Business Mailing Address 57 MENENDEZ RD 57 MENENDEZ RD SAINT AUGUSTINE FL 32080 SAINT AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address 2449 USI SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES ST-AUGUSTINE 4. FEI Number 820544152 City & State Applied For Not Applicable Zip Country 32086 \$8.75 Additional ナSA 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHATILA, RIAD A Street Address (P.O. Box Number is Not Acceptable) 57 MENENDEZ RD SAINT AUGUSTINE FL 32080 USI SOUTH Zip Code 3 2086 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CHATILA, ABOUL RAHMAN ☐ Addition NAME CHATILA. ABDUL RAHMAN NAME STREET ADDRESS STMENENDEZ RO 57 MENENDEZ RD STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE FL 32080 strang. FL32080 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME CHATILA, ABRAHAM R NAME ABRAHAM CHATILA STREET ADDRESS 57 MENENDEZ RD STREET ADDRESS STAWENDEZ RO CITY-ST-7IP SAINT AUGUSTINE FL 32080 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CHATILA, GHADA S STREET ADDRESS **57 MENENDEZ RD** STREET ADORESS CITY-ST-7IP

CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

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SAINT AUGUSTINE FL 32080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

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☐ Addition

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Addition