

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90091 044 \*\*\*150.00

**DOCUMENT # P02000096218**

**1. Entity Name**  
**SLEEP WELL MED, INC.**



**Principal Place of Business**  
810 WILDWOOD STREET  
DAYTONA BEACH FL 32117

**Mailing Address**  
810 WILDWOOD STREET  
DAYTONA BEACH FL 32117

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Volusia

Zip

Country

Volusia

**4. FEI Number**

41-2064090

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

HANSON, BRIAN R ESQ  
57 WEST GRANADA BLVD  
ORMOND BEACH FL 32174

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PVST ☐ Delete  
**NAME** WAHBA, WAHBA W  
**STREET ADDRESS** 810 WILDWOOD STREET  
**CITY-ST-ZIP** DAYTONA BEACH FL 32117

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** WAHBA, WAHBA W  
**STREET ADDRESS** 810 WILDWOOD STREET  
**CITY-ST-ZIP** DAYTONA BEACH FL 32117

**TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**STREET ADDRESS**  
**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 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 10 or Block 11 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

2/4/03

Date

386-258-7000

Daytime Phone #

CR2E034 (10/02)