

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90026 027 ***150.00

DOCUMENT #	P04000156839
1. Entity Name	
PILLOWREST.COM INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
146 S END STREET		Suite, Apt. #, etc.	
City & State		City & State	
ST. AUGUSTINE, FL			
Zip	Country	Zip	Country
32095			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
56 250-1994	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
GOLDSTEIN, SHIRLEY	
Street Address (P.O. Box Number is Not Acceptable)	
146 S END ST.	
City	Zip Code
ST. AUGUSTINE FL	32095

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE	D	TITLE	
NAME	GOLDSTEIN, SHIRLEY	NAME	
STREET ADDRESS	146 S END ST.	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Shirley Goldstein* **SHIRLEY GOLDSTEIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/05 90819-9073