

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000412

1. Entity Name

CORAL MATTRESS CORP.

Principal Place of Business

3050 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address

3050 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009-5125

2. Principal Place of Business

2720 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

14665 Midway Rd.
Suite, Apt. #, etc.
Ste 100

City & State

Coral Gables, FL

City & State

Addison, TX

Zip

33133

Country

USA

Zip

75001

Country

USA

6. Name and Address of Current Registered Agent

NILSEN, RICHARD B
3050 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	LANG, PHIL	
STREET ADDRESS	14665 MIDWAY RD- STE 100	
CITY-ST-ZIP	ADDISON TX 75244	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, CHARLES	
STREET ADDRESS	14665 MIDWAY RD- STE 100	
CITY-ST-ZIP	ADDISON TX 75244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	McColpin, Patrick J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14665 Midway Rd. Ste 100	
STREET ADDRESS	Addison, TX 75001	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90041 018 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0401271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)

3-20-00

912-392-2202