

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018599

1. Entity Name

COASTAL BEDDING, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90039 037 ***550.00

Principal Place of Business

N ALCANIZ ST
 PENSACOLA FL 32503-3012
 US

Mailing Address

PO BOX 1844
 PENSACOLA FL 32584-1844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1086158

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, EDESEL F
 308 SOUTH JEFFERSON STREET
 PENSACOLA FL 32501

Name

Johnny L. Rozzelle

Street Address (P.O. Box Number is Not Acceptable)

3501 N. Alcaniz Street

City

Pensacola,

FL

Zip Code
 32584

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME ROZZELLE, JOHNNY L
 STREET ADDRESS 3501 N ALCANIZ ST
 CITY-ST-ZIP PENSACOLA FL

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

TITLE S ☐ Delete
 NAME ROZZELLE, BETTY A
 STREET ADDRESS 3501 A ALCANIZ ST
 CITY-ST-ZIP PENSACOLA FL

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

TITLE ☐ Delete
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Betty Ann Rozzelle

Date

Daytime Phone #

9-5-00 850-434-0000

CR2E034 (5/00)