

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90970 011 ***150.00

DOCUMENT # P93000018599
1. Entity Name
Coastal Bedding

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business N. Alcaniz St. Suite, Apt. #, etc.	3. Mailing Address P. O. Box 1844 Suite, Apt. #, etc.
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City & State Pensacola, FL	City & State Pensacola, FL
Zip 32503-3012	Country U.S.A.
Zip 32584-1844	Country U.S.A.

4. FEI Number 63-1086158	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rozzelle, Johnny L.
Street Address (P.O. Box Number is Not Acceptable) 3501 N. Alcaniz Street
City Pensacola
State 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 _____ (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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President	NAME Rozzelle, Johnny L.	TITLE	
STREET ADDRESS 3501 N. Alcaniz St.	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP Pensacola, FL 32584	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE Secretary	NAME Rozzelle, Betty A.	TITLE	
STREET ADDRESS 3501 N. Alcaniz St.	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP Pensacola, FL 32584	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE Betty Ann Rozzelle Betty Ann Rozzelle 3-25-02 850-4340000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)