

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90080 014 ***150.00

DOCUMENT # P93000074909

1. Entity Name

SLEEP WORLD HEALTH SYSTEMS INC.

Principal Place of Business

Mailing Address

811 N BLVD. WEST
LEESBURG FL 34748
US

P. O. BOX 895266
LEESBURG FL 34789
US

2. Principal Place of Business

1409 So. 14th STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

Zip

34748

Country

LAKE

Zip

Country

4. FEI Number

59-3206100

Applied For

Not Applicable

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

TOOGOOD, GEORGE E
11008 RIVERSIDE ROAD
LEESBURG FL 34748

Name

WHITE, R. NICOLE

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

11008 RIVERSIDE ROAD

City

LEESBURG

FL

Zip Code

34788

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

R. Nicole White

4/5/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOOGOOD, GEORGE E	
STREET ADDRESS	11008 RIVERSIDE ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	PST	<input type="checkbox"/> Delete
NAME	WHITE, R N	
STREET ADDRESS	11008 RIVERSIDE ROAD	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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:

R. Nicole White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R NICOLE WHITE

4/5/01

Date

352-360-1777

Daytime Phone #

CR2E034 (10/00)