

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90450 008 ***150.00

DOCUMENT # P94000040927

1. Entity Name

ORLANDO MATTRESS COMPANY, INC.

Principal Place of Business

4352 34TH ST
 SUITE 324
 ORLANDO FL 32811
 US

Mailing Address

4352 34TH ST
 SUITE 324
 ORLANDO FL 32811
 US

00031932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4700 L.B. McLeod Rd.

Suite, Apt. #, etc.

Suite B

City & State

Orlando, FL

Zip

32811

Country

Orange

3. Mailing Address

4700 L.B. McLeod Rd.

Suite, Apt. #, etc.

Suite B

City & State

Orlando, FL

Zip

32811

Country

Orange

4. FEI Number 59-3247000

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

HURD, JUNE M
 4352 34TH ST
 SUITE 324
 ORLANDO FL 32811

Name

HURD, JUNE M.

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

4700 L.B. McLeod Rd, Ste. B

City

Orlando,

FL

Zip Code

32811

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, 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 type="checkbox"/> Delete
NAME	HURD, JUNE M	
STREET ADDRESS	4352 34TH ST	
CITY-ST-ZIP	ORLANDO FL	
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		

TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS	4700 L.B. McLeod Rd, Ste. B	
CITY-ST-ZIP	Orlando, FL 32811	
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: June M. Hurd (June M. Hurd) 3-29-01 407/648-8422
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)