

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055604

1. Entity Name
SPRINGS MATTRESS CORP.

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

05-24-2000 90041 040 ***150.00

Principal Place of Business	Mailing Address
COUNTRY CLUB LANE HALLANDALE FL 33009	2900 COUNTRY CLUB LANE HALLANDALE FL 33009-5104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 945 University Dr. Suite, Apt. #, etc.	3. Mailing Address 14665 Midway Rd. Suite, Apt. #, etc. Ste 100
City & State Orlando Springs, FL	City & State Addison, TX
Zip 33071	Zip 75001
Country USA	Country USA

4. FEI Number 65-0528337	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NILSEN, RICHARD B
2900 COUNTRY CLUB LANE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		

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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McColpin Patrick J	
STREET ADDRESS	14665 Midway Rd. Ste 100	
CITY-ST-ZIP	Addison, TX 75001	
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: _____ Date: **3-20-00** Daytime Phone #: **972-392-2202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)