

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075943

1. Entity Name

FLORIDA MATTRESS OUTLET, INC.

**FILED**  
**Sep 20, 2000 8:00 am**  
**Secretary of State**

09-20-2000 90005 004 \*\*\*558.75

Principal Place of Business

38445 CR 54 EAST  
 ZEPHYRHILLS FL 33540  
 US

Mailing Address

38445 CR 54 EAST  
 ZEPHYRHILLS FL 33540  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3275572

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

PARKER, WILLIAM L

~~1888 MCKINLEY ST.~~  
~~CLEARWATER FL 34625~~

5811 APOLLO ST  
 ZEPHYRHILLS, FL  
 33541

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

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 ☐ Delete

NAME PARKER, WILLIAM L

STREET ADDRESS ~~1888 MCKINLEY STREET~~  
 CITY-ST-ZIP ~~CLEARWATER FL 34625~~

TITLE ☐ Delete

NAME PARKER, CHRISTOPHER L

STREET ADDRESS ~~1888 MCKINLEY STREET~~  
 CITY-ST-ZIP ~~CLEARWATER FL 34625~~

TITLE ☐ Delete

NAME DARLENE S. CAVIN

STREET ADDRESS 5811 APOLLO ST  
 CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE ☐ Delete

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 5811 APOLLO ST  
 CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 184 97TH AVE N.E.  
 CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS DIRECTOR, VICE PRES  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00 813-780-7353

Date

Daytime Phone #

CR2E034 (5/00)