

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078857

1. Entity Name

OAKWOOD MATTRESS CORP.

Principal Place of Business

2900 COUNTRY CLUB LANE
HALLANDALE FL 33009

Mailing Address

2900 COUNTRY CLUB LANE
HALLANDALE FL 33009-5104

2. Principal Place of Business

4001 Oakwood Blvd.
Suite, Apt. #, etc.

3. Mailing Address

4665 Midway Rd.
Ste 100
Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Addison, TX

Zip

33021

Country

USA

Zip

75001

Country

USA

6. Name and Address of Current Registered Agent

NILSEN, RICHARD B
3070 W. HALLANDALE BEACH BLVD.
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

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, 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
NAME LANG, PHIL
STREET ADDRESS 14665 MIDWAY RD STE 100
CITY-ST-ZIP ADDISON TX 75244 ☐ Delete

TITLE ST
NAME ANDERSON, CHARLES
STREET ADDRESS 14665 MIDWAY RD STE 100
CITY-ST-ZIP ADDISON TX 75244 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME McColpin, Patrick J
STREET ADDRESS 14665 Midway Rd, Ste 100
CITY-ST-ZIP Addison, TX 75001 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-24-2000 90041 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0547905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)