2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000093392

1. Entity Name

SLEEP WORLD INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90129 024 ***150.00

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City FL Zip Code							,						1
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature Signature bysec of protect cannot be registered agent.			-								•		$\frac{1}{1}$
the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00	•						,	FL Zip Code				1	
SIGNATURE Signature typend or preinted varies of registered agent at teal of applicable (NOTE: Registered Agent signature required when re-instancy) DATE	the obligat	ions of regist	ered agent.				ed office or registe	ered ag	gent, or both, in the State of Flor	rida. 1 am fa	ımiliar with,	and accept]
After May 1, 2003 Fee will be \$55,000 May Be Added to Floride Department of State 10.	SIGNATURE						Agent signature require	ed when re	einstating)	DATE	eja w	 .	
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	12. I hereby c	ertify that the	information supplied with	this filing o	does not qualify for			ection :	119 07(3)(i) Florida Statutes 1	further certif	v that the in	nformation	}.

1. 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 poort 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 of Justice empoyered of execute this Aport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, the all other like empoyered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTO

4/15/03

727 845-4980