

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90492 005 ***158.75

DOCUMENT # P95000032783

1. Entity Name

BED MART INC.

*ck # 873 enclosed.
 4/30/02 \$158.75*

Principal Place of Business

**1650 WEST OAKLAND PK BLVD
 FORT LAUDERDALE FL 33317
 US**

Mailing Address

**7441 N.W. 9TH ST
 PLANTATION FL 33317
 US**



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

1650 West Oakland Pk Blvd. P.O. Box 16596

3. Mailing Address

P.O. Box 16596

Suite, Apt., etc.

1040

Suite, Apt., etc.

1040

City & State

Fort Lauderdale FL

City & State

Plantation FL

Zip

33317

Country

U.S.A.

Zip

33318

Country

U.S.A.

4. FEI Number

65-0576045

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SAUL B. LIPSON & CO.
 1515 UNIVERSITY DR.
 SUITE 222
 CORAL SPRINGS FL 33071**

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, 2002 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 ☐ Delete
 NAME **D. WOOD, AARON**
 STREET ADDRESS **7441 NW 9TH STREET**
 CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

Aaron Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 954-741-3229

Date

Daytime Phone #

CR2E034 (9/01)