

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083184

1. Entity Name

THE MATTRESS MARKET INC.

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90031 014 ***150.00

Principal Place of Business

Mailing Address

~~821 SOUTH US HWY 17-02~~

~~SUITE 149~~

~~LONGWOOD FL 32750~~

US

~~821 SOUTH HWY 17-02~~

~~SUITE 149~~

~~LONGWOOD FL 32750-5581~~

US

2. Principal Place of Business

651-A MacDuff Lane

Suite, Apt. #, etc.

3. Mailing Address

651-A MacDuff Lane

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip

32708

Country

USA

Zip

32708

Country

USA

4. FEI Number

65-0620103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILESIC, STEVEN

~~821 S US HWY 17-02~~

~~SUITE 149~~

~~LONGWOOD FL 32750~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

651-A MacDuff Lane

City

Winter Springs

FL

Zip Code

32708

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] Pres.

[Signature]

03-20-00

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	D	<input type="checkbox"/> Delete
NAME	MILESIC, STEVEN	
STREET ADDRESS	651A MACDUFF LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILESIC, MIKE	
STREET ADDRESS	660 10TH ST	
CITY-ST-ZIP	KEY COLONY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILESIC, ERIKA	
STREET ADDRESS	660 10TH ST	
CITY-ST-ZIP	KEY COLONY BEACH FL	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

[Signature] Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 03-20-00

Date

[Signature] 407-399-3524

Daytime Phone #

CR2E034 (9/99)