

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0155064 FP

DOCUMENT # P97000015503

1. Entity Name
G. L. MATTRESS INC.



FILED

03 NOV 19 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
CHECK HERE IF MAKING CHANGES **03**

Principal Place of Business
1600 CENTRAL FL PKWY
ORLANDO FL 32837
US

Mailing Address
1600 CENTRAL FL PKWY
ORLANDO FL 32837
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 59-3450400 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

AVILES, LUIS
530 BOHANNON BLVD
ORLANDO FL 32824

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Luis Aviles* DATE 10/1/03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME AVILES, LUIS
STREET ADDRESS 530 BOHANNON BLVD
CITY-ST-ZIP ORLANDO FL 32824

TITLE
NAME
STREET ADDRESS 300024171183
CITY-ST-ZIP 11/19/03--01033--010 **200.00

TITLE VP
NAME AVILES, GERALDO
STREET ADDRESS 5730 STARBRIGHT DR
CITY-ST-ZIP ORLANDO FL 32839

TITLE
NAME
STREET ADDRESS 300024171183
CITY-ST-ZIP 10/27/03--01084--016 **550.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luis Aviles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/03 407-859-9312
Date Daytime Phone #

CR2E034 (4/03)