

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038881

1. Entity Name  
FIRST SERVICES BEDDING CORPORATION

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90244 030 \*\*\*150.00

Principal Place of Business                      Mailing Address  
5415 EDGEWATER DRIVE                      2310 RIDGE AVE  
ORLANDO FL 32810                              ORLANDO FL 32803-1636  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address  
Suite, Apt. #, etc.                              Suite, Apt. #, etc.  
City & State                                      City & State  
Zip    Zip    Country                                      Country

4. FEI Number                      59-3445907                      Applied For  
Not Applicable  
5. Certificate of Status Desired                       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KRONGELB, BRUCE  
2310 RIDGE AVE.  
ORLANDO FL 32803

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRONGELB, KIMBERLY 2310 RIDGE AVE. ORLANDO FL 32803	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KRONGELB, BRUCE 2310 RIDGE AVE. ORLANDO FL 32803	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Bruce Krongelb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/10/00                      Daytime Phone #: 407-292-1010

CR2E034 (9/99)