

# 2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

0172487

DOCUMENT # P97000049259

1. Entity Name

ULTRAMATIC SLEEP OF FLORIDA, INC.

FILED

00 APR 25 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2083 N POWERLINE RD  
H  
POMPANO BCH FL 33069  
US

Mailing Address  
2083 N POWERLINE RD  
H  
POMPANO BCH FL 33069-1290  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0769084

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
VOVA, CINDY S  
517 SW 1 AVE  
FT LAUDERDALE FL 33301

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 \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERSON, RON EDWARDS		NAME		
STREET ADDRESS	2083 N POWERLINE RD STE H		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL 33069		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERSON, DONNA		NAME		
STREET ADDRESS	2083 N POWERLINE RD STE H		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL 33069		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 of this report. If changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/21/00 561-995-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, RON PATTERSON, President of Ultramatic Sleep of South Florida, Inc, hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Ultramatic Sleep of South Florida, Inc.. This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

  
\_\_\_\_\_  
Signature

RON PATTERSON  
\_\_\_\_\_  
Printed name

PRESIDENT  
\_\_\_\_\_  
Title

DEC 10/99  
\_\_\_\_\_  
Date