

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0318729

DOCUMENT # P97000066257

1. Entity Name

THE PALM BEACH PILLOW COMPANY

03-21-2001 90006 041 ***150.00

Principal Place of Business

Mailing Address

3510 B GARDENS EAST DRIVE
 PALM BEACH GARDENS FL 33410
 US

3510 B GARDENS EAST DRIVE
 PALM BEACH GARDENS FL 33410
 US

2. Principal Place of Business

3. Mailing Address

432 Muirfield Dr.

432 Muirfield Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantis FL

City & State

Atlantis, FL

4. FEI Number

65-0771390

Applied For

Not Applicable

Zip

33462

Country

U.S.A.

Zip

33462

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee, Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTLE, ASHTON H
 1801 S FLAGLER DR
 #905
 WEST PALM BEACH FL 33401

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BATTLE, ASHTON H	
STREET ADDRESS	236 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORNACCHIO, JOSEPH	
STREET ADDRESS	140 EL MIRASOL	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Ashton Battle
 ASHTON BATTLE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-963-9239

CR2E034 (10/00)