

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067492

1. Entity Name

UMG MATTRESS CORP.

Principal Place of Business

Mailing Address

2900 COUNTRY CLUB LANE SOUTHWEST  
HALLANDALE FL 33009

2900 COUNTRY CLUB LANE SOUTHWEST  
HALLANDALE FL 33009-5104

2. Principal Place of Business

3. Mailing Address

8027 W. Oakland Park Blvd.  
Suite, Apt. #, etc.

14665 Midway Rd.  
Ste 100

City & State

City & State

Sunrise, FL

Addison, TX

Zip

Country

33351

USA

75001

USA

4. FEI Number

Applied For

65-0779253

Not Applicable

5. Certificate of Status Desired

Additional Fee Required

☐

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE FL 32301

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

Added to Fees

☐

\$5.00

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANG, PHIL 14665 MIDWAY ROAD, STE 100 ADDISON TX 75244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDERSON, CHARLES 14665 MIDWAY ROAD, STE 100 ADDISON TX 75244	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	McColpin, Patrick J 14665 Midway Rd., Ste 100 Addison, TX 75001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

912-392-2262

Date

Daytime Phone #

FILED  
May 24, 2000 8:00 am  
Secretary of State  
05-24-2000 90041 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)