

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102533

1. Entity Name

WEST PINES MATTRESS CORP.

R

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

15805 Pines Blvd.

14665 Midway Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 100

City & State

City & State

Pembroke Pines, FL

Addison, TX

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5-0823663

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME LANG, PHILIP ☐ Delete
STREET ADDRESS 14665 MIDWAY RD, STE #100
CITY-ST-ZIP ADDISON TX 75244

TITLE ST
NAME ANDERSON, CHARLES ☒ Delete
STREET ADDRESS 14665 MIDWAY RD, STE 100
CITY-ST-ZIP ADDISON TX 75244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME McColpin, Patrick J ☐ Change ☒ Addition
STREET ADDRESS 14665 Midway Rd, Ste 100
CITY-ST-ZIP Addison, TX 75001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

972-392-2202

Daytime Phone #

CR2E034 (9/99)