

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000102533**

1. Entity Name

**WEST PINES MATTRESS CORP.**

*R*

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90041 020 \*\*\*150.00

Principal Place of Business: 2900 COUNTRY CLUB LANE SOUTHWEST HALLANDALE FL 33009  
 Mailing Address: 2900 COUNTRY CLUB LANE SOUTHWEST HALLANDALE FL 33009-5104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 15805 Pines Blvd.  
 Suite, Apt. #, etc.  
 3. Mailing Address: 14665 Midway Rd  
 Suite, Apt. #, etc. Ste 100

City & State: Pembroke Pines, FL  
 Zip: 33027 Country: USA  
 City & State: Addison, TX  
 Zip: 75001 Country: USA

4. FEI Number: 05-0823663  
 APPLIED FOR  
 Applied For / Not Applicable

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McColpin, Patrick J	
STREET ADDRESS	14665 Midway Rd, Ste 100	
CITY-ST-ZIP	Addison, TX 75001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

972-392-2202

Daytime Phone #

CR2E034 (9/99)