

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90106 039 \*\*\*150.00

0480261

**DOCUMENT # P97000106936**

1. Entity Name  
**MATTRESS MAKERS II, INC.**

Principal Place of Business  
**210 W MICHIGAN ST  
 ORLANDO FL 32806**

Mailing Address  
**210 W MICHIGAN AVE  
 ORLANDO FL 32806**

2. Principal Place of Business  
**1165 WILLINGHAM RD-A**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1165 WILLINGHAM RD-A**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**CHULUOTTA, FL.**  
 Zip  
**327.66** Country  
**USA**

City & State  
**CHULUOTTA, FL**  
 Zip  
**32766** Country  
**USA**

4. FEI Number **59-3488656**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RICE, SHIRLEY  
 210 W MICHIGAN AVE  
 ORLANDO FL 32806**

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 \_\_\_\_\_  
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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$90.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICE, SHIRLEY 1165 WILLINGHAM RD-A CHULUOTTA FL 32766</b>	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **X Shirley Rice President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **321-504-3690**  
 Daytime Phone #

CR2E034 (10/00)