

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022745

1. Entity Name  
**SUNCOAST MATTRESS DEPOT, INC.**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90253 039 \*\*\*150.00

Principal Place of Business

11485 TUSCANY AVE.  
SPRING HILL FL 34608

Mailing Address

11485 TUSCANY AVE.  
SPRING HILL FL 34608

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Spring Hill FL

4. FEI Number

59-3498301

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMONE, JOSEPH W  
11485 TUSCANY AVE.  
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

Simone, Joseph W

Street Address (P.O. Box Number is Not Acceptable)

1147 Battersea ave

City

Spring Hill

FL

Zip Code

34609

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

TITLE P  
NAME SIMONE, JOSEPH W  
STREET ADDRESS 11485 TUSCANNY AVE  
CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete

TITLE S  
NAME SIMONE, LYNN H  
STREET ADDRESS 11485 TUSCANNY AVE  
CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Simone, Joseph W  
STREET ADDRESS 1147 Battersea ave  
CITY-ST-ZIP Spring Hill FL 34609

TITLE S ☒ Change ☐ Addition  
NAME Simone, Lynne H  
STREET ADDRESS 1147 Battersea Ave  
CITY-ST-ZIP Spring Hill FL 34609

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

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

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

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

Joseph W Simone

4-27-01

Date

(352) 686 6500

Daytime Phone #

CR2E034 (10/00)