

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000036489**

1. Entity Name

AFFORDABLE BEDS, INC.**FILED****Mar 22, 2001 8:00 am**
Secretary of State

03-22-2001 90058 041 ***150.00

Principal Place of Business

2509 NE 14TH STREET
OCALA FL 34470

Mailing Address

2509 NE 14TH STREET
OCALA FL 34470

UUUZZUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1925 SW COLLEGE Rd

3. Mailing Address

1925 SW COLLEGE Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3506665

Applied For

Not Applicable

Zip

34474

Country

MARION

Zip

34474

Country

MARION5. 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

BALL, KENNETH S**2509 NE 14TH STREET**
OCALA FL 34470

Name

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

1925 SW COLLEGE Rd

City

OCALA**FL**

Zip Code

34474

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

Kenneth S Ball President

(NOTE: Registered Agent signature required when reinstating)

DATE

01/24/019. 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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, KENNETH 2509 NE 14TH STREET OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1925 SW COLLEGE Rd OCALA FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Kenneth S Ball President

Date

01/24/01

Daytime Phone #

352)401-1881

CR2E034 (10/00)