

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048080

1. Entity Name

FURNITURE PLUS OF NORTH AMERICA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90003 013 ***150.00

Principal Place of Business 5889 AIRPORT ROAD SUITE 204 PORT ORANGE FL 32124 US	Mailing Address 5889 AIRPORT ROAD SUITE 204 PORT ORANGE FL 32124 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0838593	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES 150 MAGNOLIA AVE DAYTONA BEACH FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP D'ARVILLE, TYRONE 1520 A NORTH GALE BLVD SARASOTA FL 34234 <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	COOT CRESWELL, MICHAEL J 5889 AIRPORT ROAD PORT ORANGE FL 32124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOT/5/VP <input checked="" 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
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

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 or without other like empowered.

SIGNATURE: Michael J. Creswell 4-3-2001 386-756-1271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

THOMAS T. COBB (Ret.)
W. WARREN COLE, JR. (Ret.)
JAY D. BOND, JR.
JONATHAN D. KANEY JR.
J. LESTER KANEY
C. ALLEN WATTS
LARRY D. MARSH
THOMAS S. HART
JANET E. MARTINEZ
SCOTT W. CICHON
ROBERT A. MERRELL III
BRUCE A. HANNA
JOHN P. FERGUSON
RHODA BESS GOODSON
JONATHAN D. KANEY III
THOMAS J. LEEK
KIM F. HELLER II
MARK A. WATTS
ROBERT TAYLOR BOWLING
JOSHUA J. POPE
HEATHER BOND VARGAS
TERESA J. THORNTON-HILL
ANDREA M. KURAK

Attorneys
LAW OFFICES
COBB COLE & BELL

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DAYTONA BEACH, FLORIDA 32115-2491
TELEPHONE (904) 255-8171
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WRITER'S DIRECT DIAL: (904) 255-1811 EXT. 251
INTERNET: BKNOT@CCB.COM

OF COUNSEL
SAMUEL P. BELL III

April 17, 2001

825411

P98000049080

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
RECEIPT NO. 7099 3400 0010 9437 2943

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, Florida 32314

Re: Furniture Plus of North America, Inc.
Furniture Plus of Sarasota, Inc.
Sleep Products of America, Inc.

Dear Sir or Madam:

Enclosed are the following:

1. 2001 Uniform Business Report ("UBR") for Sleep Products of America, Inc. ("Sleep Products")
2. Check Number 1006 in the amount of \$150.00 for filing fees for Sleep Products
3. 2001 UBR for Furniture Plus of Sarasota, Inc. ("Sarasota")
4. Check Number 1004 in the amount of \$150.00 for filing fees for Sarasota
5. 2001 UBR for Furniture Plus of North America, Inc. ("North America")
6. Check Number 1005 in the amount of \$150.00 for filing fees for North America

Please acknowledge receipt and filing of the listed items by affixing your receiving stamp on the enclosed copy of this letter and returning it to me in the envelope provided.

Attachments
COBB COLE & BELL

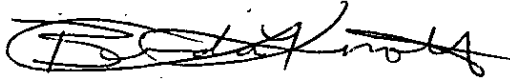
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825411

Thank you for your assistance.

#P3000048080

Sincerely,



Brenda L. Knott
Certified Legal Assistant

/blk
Enclosures