

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90001 036 ***150.00

DOCUMENT # P98000085176

1. Entity Name
PILLOW QUEEN, INC.

Principal Place of Business

2990 GRIFFIN ROAD
SUITE 3
DANIA FL 33312

Mailing Address

~~15633 N.W. 14TH STREET~~
~~PEMBROKE PINES FL 33028~~

2. Principal Place of Business

3. Mailing Address

1436 NW 8TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA BEACH, FL

4. FEI Number 65-0867430

Applied For

Not Applicable

Zip

Country

Zip

Country

33004

BROWARD

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

~~ADAMS, MENELIA S~~
~~15633 N.W. 14TH STREET~~
~~PEMBROKE PINES FL 33028~~

Name
ADAMS, Menelia S.
Street Address (P.O. Box Number is Not Acceptable)
1436 NW 8TH ST.

City DANIA BEACH FL Zip Code 33004

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCM	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, MENELIA S	
STREET ADDRESS	15633 N.W. 14TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VTSD	<input checked="" type="checkbox"/> Delete
NAME	CONLEY, GENE R	
STREET ADDRESS	15633 NW 14TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MENELIA S.	
STREET ADDRESS	1436 NW 8TH ST.	
CITY-ST-ZIP	DANIA BEACH, FL. 33004	
TITLE	VICE PRES/SECR/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, GENE R.	
STREET ADDRESS	1436 NW 8TH ST.	
CITY-ST-ZIP	DANIA BEACH, FL. 33004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/25/02

CR2E034 (9/01)