

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90176 010 \*\*\*150.00

**DOCUMENT #** P98000099506

**1. Entity Name**  
 Sleep Products of America, Inc.

**Principal Place of Business**  
 240 N. Washington Blvd.  
 Suite 200  
 Sarasota, FL 34236

**Mailing Address**  
 240 N. Washington Blvd.  
 Suite 200  
 Sarasota, FL 34236

5074

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 5889 Airport Road Suite, Apt. #, etc. Suite 204 City & State Port. Orange, FL Zip 32124		<b>3. Mailing Address</b> 5889 Airport Road Suite, Apt. #, etc. Suite 204 City & State Port. Orange, FL Zip 32124		<b>4. FEI Number</b> 65-0879236	<b>Applied For</b> Not Applicable
<b>Country</b> US		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> Palmetto Charter Services, Inc. 150 Magnolia Avenue Daytona Beach, FL 32114	<b>7. Name and Address of New Registered Agent</b> 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)

**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 \$850.00  
 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	
<b>TITLE</b> PD <b>NAME</b> Tyrone D'Arville <b>STREET ADDRESS</b> 1520 A North Gate Blvd. <b>CITY-ST-ZIP</b> Sarasota, FL 34234	<input type="checkbox"/> Delete	<b>TITLE</b> COO/VP/S/T <b>NAME</b> Michael J. Creswell <b>STREET ADDRESS</b> 5889 Airport Road, Suite 204 <b>CITY-ST-ZIP</b> Port. Orange, FL 32124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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:** Michael J. Creswell **4-3-2001** **386-756-1271**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)