

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90117 018 ***150.00

DOCUMENT # **P980000095000** ✓

1. Entity Name

SLEEP PRODUCTS OF AMERICA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7235 NE 4TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1523 S. NOVA ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

DAYTONA BEACH FLORIDA

4. FEI Number

65-0879236

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

32114

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TALMETTO CHARTER SERVICE INC

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

150 MAGNOLIA AVENUE

City

DAYTONA BEACH

FL

Zip Code

32114

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DP
NAME	D'ARVILLE, TYRONE
STREET ADDRESS	1523 S NOVA ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VPTG
NAME	CREWELL, MICHAEL J
STREET ADDRESS	1523 S. NOVA ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. CREWELL

2/22/02

Date

(386) 226-1212

Daytime Phone #

CR2E034B (12/01)