

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90020 020 ***150.00

DOCUMENT # P98000103628

1. Entity Name

BED & MATTRESS WAREHOUSE, INC.

Principal Place of Business

**3305 US HIGHWAY 98 S
 LAKE LAND FL 33803**

Mailing Address

**3305 US HIGHWAY 98 S
 LAKE LAND FL 33803**

2. Principal Place of Business

2802 Tamiami Trl.

3. Mailing Address

2802 Tamiami Trl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL.

City & State

Port Charlotte, FL.

Zip

33952-5128

Country

USA

Zip

33952-5128

Country

USA

4. FEI Number

59-3547349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CUNDIFF, STEPHEN

3305 US HIGHWAY 98 S

LAKE LAND FL 33803

Name

Same

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

2802 Tamiami Trl.

City

Port Charlotte

FL

Zip Code

33952

7. Name and Address of New Registered Agent

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

Stephen Cundiff

Stephen Cundiff, Pres. 1-10-02

Signature, typed or printed name of registered agent and title, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CUNDIFF, STEPHEN	
STREET ADDRESS	N LAKE HOWARD DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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:

Stephen Cundiff

Stephen Cundiff 1-10-02 (941) 743-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)