FILED
Jun 02, 2002 8:00 am
Secretary of State
05-15-2002 90075 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003780

1. Entity Name
International Institute of Sleep, Inc.

DO NOT WRITE IN THIS SPACE

33831

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2. Principal Place of Business	3. Mailing Address
2151 W. Hillsboro Blvd.	2151 W. Hillsboro Blvd.
Suite, Apt. #, etc.: Suite 306	Suite, Apt. #, etc.: Suite 306
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33442 Country: US	Zip: 33442 Country: US

4. FEI Number: 65-1027299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Glenn A. Becker
Street Address (P.O. Box Number is Not Acceptable): 2151 W. Hillsboro Blvd. #306
City: Deerfield Beach FL Zip Code: 33442

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	P	TITLE	
NAME	Becker, Glenn A.	NAME	
STREET ADDRESS	10446 Buena Ventura Drive	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33498	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 like empowered.

SIGNATURE: ____________ Glenn A. Becker 5/7/2002 (800) 481-3870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #