

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90156 003 ***150.00

DOCUMENT # P99000012539

1. Entity Name
BONITA BEDDING, INC.

Principal Place of Business
5850 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33484

Mailing Address
5850 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33484

2. Principal Place of Business
24821 S TAMiami TR

3. Mailing Address
2851 MENAB RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BONITA SPRINGS

City & State
POMPANO BEACH

Zip
334135

Country
LEE

Zip
33069

Country
BROWARD

4. FEI Number
65-0913955

Applied For
Not Applicable

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

MORAITIS, ROBERT J
3110 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33316

Name

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

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LARUE, RODNEY
5850 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**
☐ **Change** ☐ **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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.29.02

Date

954.974.4339

Daytime Phone #

CR2E034 (9/01)