

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
 05-24-2001 90497 001 ***150.00

DOCUMENT # P99000042656

1. Entity Name
 GOLDEN DREAMERS MATTRESS INC.

Principal Place of Business **Mailing Address**

4934 1/2 15TH AVE. S.
 GULFPORT, FL 33707

2. Principal Place of Business

3. Mailing Address

4934 1/2 15TH AVE. S. ← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GULFPORT

← CHANGE

4. FEI Number

58-3573705

Applied For

Not Applicable

Zip

Country

Zip

Country

33707

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

Name

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

City

FL

Zip Code

MICHAEL PASEK

4851 85TH AVE. N.

PINELLAS PARK, FL 33781

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.

(NOT) 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, 2001 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 1

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
 PRESIDENT
 JESUS ESPINO
 2945 DARTMOUTH AVE. N.
 ST. PETERSBURG, FL 33713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESUS ESPINO
 PRESIDENT

Date

Daytime Phone #

127-3240347

CR2E034 (11/00)