

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044341

1. Entity Name

FIRST COAST MATTRESS & FURNITURE, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90034 019 ***150.00

Principal Place of Business

Mailing Address

3617 CROWN POINT ROAD STE. 4
JACKSONVILLE FL 32257

3617 CROWN POINT ROAD STE. 4
JACKSONVILLE FL 32257-9010

2. Principal Place of Business

3. Mailing Address

3617 Crown Point Rd.

P.O. Box 24668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32257

Country
USA

Zip
32241

Country
USA

4. FEI Number

59-365220

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

HERNANDEZ, MEREDITH A
3617 CROWN POINT ROAD STE. 4
JACKSONVILLE FL 32257

Name

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

3617 Crown Point Rd.

SUITE #1

City
Jacksonville

FL

Zip Code
32257

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

M.A. Hernandez

DATE

3/31/00

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, 2000 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
DP
HUGHES, DARIN
PO BOX 24668
JACKSONVILLE FL 32241-4668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HUGHES, KIMBERLY
PO BOX 24668
JACKSONVILLE FL 32241-4668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Darin K. Hughes (Darin K. Hughes)

Date

Daytime Phone #

4-13-00

904-288-8999

CR2E034 (9/99)