

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90008 003 \*\*\*150.00

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000075297**  
 1. Entry Name  
**TWO HIGH C'S, INC.**

Principal Place of Business Mailing Address  
**FLORIDA PILLOW COMPANY**  
**1012 SLIGH BLVD**  
**ORLANDO FL 32806-1029**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent  
**STEPHEN M. STONE**  
**725 N. MAGNOLIA AVE**  
**ORLANDO FL 32803**

4. FEI Number **-59-3594357** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name **CHRISTOPHER C. ALLARD**  
 Street Address (P.O. Box Number is Not Acceptable) **8419 RIVER BRANCH PLACE**  
 City **SANFORD** FL Zip Code **32771**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE **Christopher C. Allard** *Christopher C. Allard* DATE **4-28-00**  
 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 MONTHLY FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$250.00  
 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	<b>P/S/T/D</b> <b>CHRISTOPHER C. ALLARD</b> <input type="checkbox"/> Delete <b>954 FOREST RIDGE COURT #106</b> <b>LAKE MARY, FL 32746</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/S/T/D</b> <b>CHRISTOPHER C. ALLARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8419 RIVER BRANCH PLACE</b> <b>SANFORD FL 32771</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 1907(3)(b), 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 a l other like empowered.  
 SIGNATURE: **Christopher C. Allard** *Christopher C. Allard* Date **4/28/2000** Daytime Phone # **407-648-9121**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)