

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90456 021 ***150.00

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DOCUMENT # S36419

1. Entity Name
EXPERT BEDDING, INC.



Principal Place of Business
**1045 SOUTH VOLUSIA
ORANGE CITY FL 32763
US**

Mailing Address
**1045 S. VOLUSIA
ORANGE CITY FL 32763
US**



2. Principal Place of Business

1035 S. Volusia

3. Mailing Address

1035 S. Volusia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Orange city, FL

City & State

Orange city FL

4. FEI Number

59-3057188

Applied For

Not Applicable

Zip

32763

Country

Volusia

Zip

32763

Country

Volusia

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHRIS MIKENAS
1045 S. VOLUSIA AVENUE
ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

Name **Chris mikenas**

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

1035 S. Volusia Ave

City

Orange city

FL

Zip Code

32763

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Chris Mikenas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-31-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete
NAME **MIKENAS, CHRISTOPHER P.**
STREET ADDRESS **811 E LEHIGH DR**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **VP** ☐ Delete
NAME **MIKENAS, TIMOTHY Z**
STREET ADDRESS **5633 OSAGE LAKE DR. APT 2A**
CITY-ST-ZIP **MISHAWAKA IN 46845**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☒ Change ☐ Addition
NAME **Chris mikenas**
STREET ADDRESS **1035 S. Volusia ave**
CITY-ST-ZIP **Orange city, FL 32763**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris Mikenas **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

386 774 7378

Daytime Phone #

CR2E034 (10/02)