

2000 UNIFORM BUSINESS

DOCUMENT # S78584

1. Entity Name
SLEEP CENTER OF LEESBURG INC.

Principal Place of Business
150 S.W. 27TH AVENUE
OCALA FL 34474

Mailing Address
838 S. CONGRESS AVENUE
WEST PALM BEACH FL 33406-4119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, CLARENCE W
838 S. CONGRESS AVENUE
WEST PALM BEACH FL 33406

Name

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

City

FL

Zip Code

4. FEI Number 59-3054106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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, 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. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JOHNSON, CLARENCE W
838 S. CONGRESS AVENUE
WEST PALM BEACH FL 33406

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
JOHNSON, ALMAR
3429 S.W. ARCHER
GAINESVILLE FL 32608

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12.

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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, 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

561-689 04
1-13-00

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90080 001 ***150.00

DO NOT WRITE IN THIS SPACE