

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80752

1. Entity Name

BOCA MATTRESS CORP.

Principal Place of Business

1600 NE 12TH TERRACE
FORT LAUDERDALE FL 33305

Mailing Address

1600 NE 12TH TERRACE
FORT LAUDERDALE FL 33305-3131

2. Principal Place of Business

8165 W. Glades Rd.
Suite, Apt. #, etc.

3. Mailing Address

14665 Midway Rd.
Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Addison, TX

Zip

33434

Country

USA

Zip

75001

Country

USA

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
523 E. PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME LANG, PHIL
STREET ADDRESS 14665 MIDWAY ROAD SUITE 100
CITY-ST-ZIP ADDISON TX 75001

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME McCollpin, Patrick J
STREET ADDRESS 14665 Midway Rd. Ste 100
CITY-ST-ZIP ADDISON, TX 75001

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

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

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

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

912-392-2202

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90041 042 ***150.00

CR2E034 (9/99)