

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V08638**

1. Entity Name **WHOLESALE Bedding Co. INC**

Principal Place of Business Mailing Address
4343 S STATE Rd 7
Suite 101
DAVIE, FL 33314
SAME

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

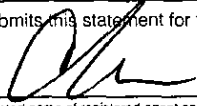
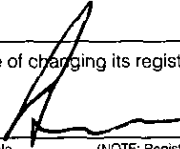
4. FEI Number **65-0313432** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CHRISTOPHER DAVIS
4343 S STATE Rd 7
Suite #101
DAVIE, FL 33314

7. Name and Address of New Registered Agent
Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

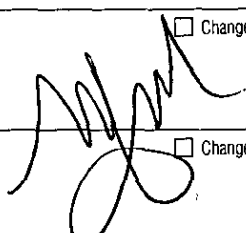
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE   DATE **5/15/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT / VICE PRES
CHRISTOPHER B. DAVIS
8100 NW 75TH AVE
TAMARAC, FL 33321
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
SEC. / TREAS.
DIANE DAVIS
8100 NW 75TH AVE
TAMARAC, FL 33321
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
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 **CHRISTOPHER B. DAVIS**  DATE **5/15/00** Daytime Phone # **954-791-3929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)