

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20390

1. Entity Name

PINES MATTRESS CORP.

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

05-24-2000 90041 017 ***150.00

Principal Place of Business

Mailing Address

3050 WEST HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

3050 WEST HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009-5125

2. Principal Place of Business

10101 Pines Blvd.

3. Mailing Address

14665 Midway Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Addison, TX

Zip

Country

33026 USA

Zip

Country

75001 USA

4. FEI Number

65-0326635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NILSEN, RICHARD
 3050 W. HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME LANG, PHIL
 STREET ADDRESS 14665 MIDWAY RD, STE #100
 CITY-ST-ZIP ADDISON TX 75244

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

TITLE ST ☒ Delete
 NAME ANDERSON, CHARLES
 STREET ADDRESS 14665 MIDWAY RD, STE #100
 CITY-ST-ZIP ADDISON TX 75244

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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

3-26-00

Date

912-392-2202

Daytime Phone #

CR2E034 (9/99)