2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **V43659** 1. Entity Name CUSHIONS PLUS OF FLORIDA INC. Principal Place of Business Mailing Address 5400 S. PINE AVE 5400 S. PINE AVE OCALA FL 34480-7517 OCALA FL 34480 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

LEE, JEAN F.

SIGNATURE

1955 SE 66 ST **OCALA FL 32676**

Apr 14, 2000 8:00 am Secretary of State

04-14-2000 90001 008 ***150.00



FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE LEE, REUBEN D. NAME NAME STREET ADDRESS STREET ADDRESS 1955 SE 66 ST CITY-ST-ZIP CITY-ST-7IP OCALA FL VST TITLE ☐ Delete TITLE LEE, JEAN F. NAME NAME STREET ADDRESS STREET ADDRESS 1955 SE 66 ST CITY - ST- ZIP CITY-ST-ZIP OCALA FL Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Name

City

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR