

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90003 046 ***158.75

DOCUMENT # H34349

1. Entity Name
COMFORT ZONE, INC.

Principal Place of Business

**1014 SE 12TH COURT
 SUITE 5
 CAPE CORAL FL 33904
 US**

Mailing Address

**P.O. BOX 150490
 CAPE CORAL FL 33915
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2499550

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TROYER, LYNN
 1911 SE 4TH ST.
 CAPE CORAL FL 33990**

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 *Lynn Troyer, President*
 Signature, typed or printed name of registered agent and title if applicable.

LYNN TROYER

1/25/02

(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, 2002 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 ☐ Delete
 NAME **C**
 STREET ADDRESS **TROYER, LYNN**
 CITY-ST-ZIP **1911 SE 4TH ST.
 CAPE CORAL FL 33990**

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **LYNN TROYER**
 CITY-ST-ZIP **1911 SE 4TH ST
 CAPE CORAL FL 33990**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **TROYER, SAM**
 CITY-ST-ZIP **1921 BOLADO PKWY
 CAPE CORAL FL 33990**

TITLE ☒ Change ☐ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **SAM TROYER**
 CITY-ST-ZIP **1921 BOLADO PKWY
 CAPE CORAL, FL 33990**

TITLE ☐ Delete
 NAME **TROYER, BARBARA**
 STREET ADDRESS **1911 S.E. 4TH ST**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition
 NAME **BARBARA TROYER**
 STREET ADDRESS **1911 SE 4TH ST**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Lynn Troyer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN TROYER

1/25/02

Date

941-574-2327

Daytime Phone #

CR2E034 (9/01)