

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0036982
AV

04-28-2003 90313 019 ***150.00

DOCUMENT # 201553

1. Entity Name
INDOOR COMFORT, INC.



Principal Place of Business
**1539 MONTANA AVE.
P.O. BOX 5972
JACKSONVILLE FL 32247**

Mailing Address
**1539 MONTANA AVE.
P.O. BOX 5972
JACKSONVILLE FL 32247**

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 **59-0908116**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KELLY, HAROLD A., JR.
1007 GREENRIDGE RD.
JACKSONVILLE FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, JR., HAROLD A. 1007 GREENRIDGE RD. JACKSONVILLE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, NELLIE K 1236 JEAN COURT JACKSONVILLE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KELLY, RITA A. 1007 GREENRIDGE RD. JACKSONVILLE FL	☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Zip code: Jacksonville, FL 32207-5202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Zip code: Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Zip code: Jacksonville, FL 32207-5202
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita A. Kelly RECHITAD Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 904-396-4771
Date Daytime Phone #

CR2E034 (10/02)