

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684958

1. Entity Name

COMFORT SERVICE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90254 031 ***150.00

Principal Place of Business

Mailing Address

127 S FLORIDA AVE
DELAND FL 32720

127 S FLORIDA AVE
DELAND FL 32720-5443

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

59-2006652

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

WOOD, FRANK M
1425 WHISPERING WOODS WAY
DELAND FL 32724

Name **BLAINE ALDRICH**

Street Address (P.O. Box Number is Not Acceptable)

711 SHANE DR.

City **DELAND**

FL

Zip Code **32720**

8. The above named **BLAINE ALDRICH, PRESIDENT** is the owner, officer or registered agent, or both, in the State of Florida.

02/02/2000

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 **PSTD** ☐ Delete
NAME **WOOD, FRANK M**
STREET ADDRESS **1425 WHISPERING WOODS WAY**
CITY-ST-ZIP **DELAND FL 33724**

TITLE **V/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ALDRICH, BLAINE**
STREET ADDRESS **711 SHANE DR.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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☐ 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 custodian appointed to operate 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

Date

Daytime Phone #

02/02/2000

904-736-1426

CR2E034 (9/99)