

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90356 006 ***150.00

DOCUMENT # F35263

1. Entity Name
COMFORT COOLING OF PERRY, INC.

Principal Place of Business Mailing Address
1876 OLD DIXIE HWY SOUTH 1876 OLD DIXIE HWY SOUTH
PERRY FL 32347 PERRY FL 32347

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country
32348 32348

4. FEI Number **59-2096187** 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

SMITH, MICHAEL S
107 EAST GREEN STREET, P.O. DRAWER 579
PERRY FL 32347

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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
PST
 NAME **FALANY, JOEY C**
 STREET ADDRESS **IRA SMITH ROAD**
 CITY-ST-ZIP **SHADY GROVE FL**

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

TITLE ☐ Delete
D
 NAME **FALANY, JOEY C**
 STREET ADDRESS **IRA SMITH ROAD**
 CITY-ST-ZIP **SHADY GROVE FL**

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

TITLE ☐ Delete
VP
 NAME **ONDASH, CARL A**
 STREET ADDRESS **RT 3 BPX 177**
 CITY-ST-ZIP **PERRY FL 32347**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **4690 IRA SMITH ROAD**
 CITY-ST-ZIP **GREENVILLE, FL 32331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 NAME
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 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: *Joey C. Falany* **JOEY C. FALANY**

04-25-01 (850) 584-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)