

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90189 032 ***150.00

DOCUMENT # J08431

1. Entity Name
COMFORT SERVICE OF S.W. FLA., INC.

Principal Place of Business

**1254 PINEY ROAD
 N FT MYERS FL 33903
 US**

Mailing Address

**C/O DARRYL A. PARKER
 P O BOX 3906
 FORT MYERS FL 33918-906
 US**



2. Principal Place of Business

6131 Mellow Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Ft Myers FL

City & State

4. FEI Number

59-2663458

Applied For

Not Applicable

Zip

33917

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PARKER, DARRYL ALAN

1254 PINEY RD

NORTH FT MYERS FL 33903

7. Name and Address of New Registered Agent

Name

Dean Michael Parker

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

6131 Mellow Dr.

City

N. Ft Myers

FL

Zip Code

33917

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

[Signature]

Dean M. Parker

1/8/2002

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, 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

TITLE	0	<input checked="" type="checkbox"/> Delete
NAME	PARKER, DARRYL ALAN	
STREET ADDRESS	1254 PINEY RD	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	0	<input type="checkbox"/> Delete
NAME	PARKER, MICHAEL DEAN	
STREET ADDRESS	1254 PINEY RD	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 another like empowered.

SIGNATURE:

[Signature] **REQUIRED Dean M. Parker**

1/8/2002

941-995-8313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)