## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED May 10, 2001 8:00 am Secretary of State **DOCUMENT # K32529** COMFORT MARINE AIR, INC. 05-10-2001 90047 033 \*\*\*150.00 Principal Place of Business Mailing Address 1033 NW 132 AVE 1033 NW 132 AVE SUNRISE FL 33308 SUNRISE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2206010 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Eee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUSSELL, JOEL Street Address (P.O. Box Number is Not Acceptable) 1033 N.W. 132ND AVENUE SUNRISE FL 33308 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition TITI F ☐ Delete TITLE Change CUSSELL, JOEL NAME NAME STREET ADDRESS STREET ADDRESS 1033 NW 132 AVE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33308 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 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 empoyered.

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Daytime Phone #

FICER OR DIRECTO