

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90155 003 \*\*\*150.00

**DOCUMENT # K32529**  
 1. Entity Name  
**COMFORT MARINE AIR, INC.**

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  
**3800 SW 30th Ave 3800 SW 30th Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Hollywood FL Hollywood FL**  
 Zip **33312** Country Zip **33312** Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2206010** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
 6. Name and Address of Current Registered Agent  
**CUSSELL, JOEL**  
**1033 N.W. 132ND AVENUE**  
**SUNRISE FL 33308**  
 7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3800 SW 30th Ave**  
 City **Hollywood** FL Zip Code **33312**

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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CUSSELL, JOEL</b> <b>1033 NW 132 AVE</b> <b>SUNRISE FL 33308</b> <b>3800 SW 30th Ave</b> <b>Hollywood, FL 33312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** Joel Cussell **4-19-02 954-689-8181**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)