

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90257 005 \*\*\*\*61.25

**DOCUMENT # N00000003666**

1. Entity Name

**A PLACE OF COMFORT UNIVERSAL, INC.**



Principal Place of Business

**14124 N.W. 27TH AVENUE  
MIAMI FL 33054**

Mailing Address

**19530 NW CIRCLE PLACE  
33055 FL 33055**

2. Principal Place of Business

**19530 NW 55 Cir. PL**

3. Mailing Address

Suite, Apt. #, etc.

**Miami, FL 33055**

City & State

Zip

**33055**

Country

**DADE**

Zip

Country

4. FEI Number **65-1014992**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIKES, HARRIET  
19530 NW CIRCLE PLACE  
MIAMI FL 33055**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Harriet Spikes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SPIKES, HARRIET**  
STREET ADDRESS **19530 NW CIRCLE PLACE**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **SD** ☐ Delete  
NAME **SPIKES, CLELIA**  
STREET ADDRESS **19530 NW 47TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **TD** ☐ Delete  
NAME **JOHNSON, CHRISTINE**  
STREET ADDRESS **15710 NW 44TH COURT**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harriet Spikes* **HARRIET SPIKES** **4/18/03 (305) 620-1178**

CR2E037 (10/02)