

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005841

1. Entity Name

TRINITY COMFORT SERVICES, INC.

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90131 019 ****61.25

Principal Place of Business

19401 NE 22 ROAD
NORTH MIAMI BEACH FL 33179

Mailing Address

19401 NE 22 ROAD
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

19401 NE 22 ROAD

Suite, Apt. #, etc.

North Miami Beach

City & State

FL 33179

Zip

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Same



DO NOT WRITE IN THIS SPACE

4. FEI Number

061628541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOGUMJOKO, COMFORT D
7724 FAIRWAY BLVD.
MIRAMAR FL 33023

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOGUMJOKO, COMFORT D
STREET ADDRESS 7724 FAIRWAY BLVD.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE TD
NAME ESAN, CAROLINE
STREET ADDRESS 7724 FAIRWAY BLVD.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE SD
NAME IDOWU, BOLATITO
STREET ADDRESS 8533 CLARIDGE DR.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BOGUMJOKO, COMFORT D
STREET ADDRESS
CITY-ST-ZIP
pls correct spelling.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

BOGUMJOKO, COMFORT D

954 249 0822

CR2E037 (9/01)