

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90017 049 ***155.00

DOCUMENT # P00000061658

1. Entity Name
COMET AIRE CORP.

Principal Place of Business Mailing Address
995 NORTH STATE ROAD 434 **995 NORTH STATE ROAD 434**
SUITE 209 **SUITE 209**
ALTAMONTE SPRINGS FL 32714-7030 **ALTAMONTE SPRINGS FL 32714-7030**



2. Principal Place of Business 3. Mailing Address
13376 TEMPLE BLVD. **15320 TEMPLE BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
WEST PALM BEACH, FLORIDA **LOXAHATCHEE FLORIDA**
 Zip Country Zip Country
33412 USA **33470 USA**

4. FEI Number **59-3654069** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **CORINNE RODIER**
 Street Address (P.O. Box Number is Not Acceptable) **15320 TEMPLE BLVD.**
 City **LOXAHATCHEE FLORIDA FL** Zip Code **33470**

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 **Corinne Rodier** **CORINNE RODIER** **1/14/01**
 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	PD	<input type="checkbox"/> Delete
NAME	RODIER, ANDRE C	
STREET ADDRESS	995 NORTH STATE ROAD 434	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-7030	
TITLE	V	<input type="checkbox"/> Delete
NAME	RODIER, WILLIAM	
STREET ADDRESS	995 NORTH STATE ROAD 434	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-7030	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RODIER, CORINNE	
STREET ADDRESS	995 NORTH STATE ROAD 434	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-7030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODIER, ANDRE C.	
STREET ADDRESS	15320 TEMPLE BLVD.	
CITY-ST-ZIP	LOXAHATCHEE, FL. 33470	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODIER, WILLIAM	
STREET ADDRESS	13376 TEMPLE BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33412	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODIER, CORINNE	
STREET ADDRESS	15320 TEMPLE BLVD	
CITY-ST-ZIP	LOXAHATCHEE, FLORIDA 33470	
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		
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)(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 another like empowered.

SIGNATURE: **Andre C. Rodier** **1/14/02** **561-792-0227**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)