

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90743 023 \*\*\*150.00

**DOCUMENT # P00000071745**

1. Entity Name  
**COMFORT BUILT HOMES, INC.**



Principal Place of Business  
1206 S.E. 26TH STREET  
CAPE CORAL, FL 33904

Mailing Address  
1206 S.E. 26TH STREET  
CAPE CORAL, FL 33904

2. Principal Place of Business  
929 S.E. 25TH LANE  
Suite, Apt. #, etc.

3. Mailing Address  
929 S.E. 25TH LANE  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
CAPE CORAL, FL  
Zip 33904 Country USA

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CAPE CORAL, FL  
Zip 33904 Country USA

4. FEI Number  
**65-1033302**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ANGIULO, FRANCESCO J  
1206 S.E. 26TH STREET  
CAPE CORAL, FL 33904

**7. Name and Address of New Registered Agent**

Name  
ANGIULO, FRANCESCO J.  
Street Address (P.O. Box Number is Not Acceptable)  
929 S.E. 25TH LANE  
City CAPE CORAL FL Zip Code 33904

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 FRANCESCO J. ANGIULO, PRESIDENT 04/29/03  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO STUCKEY, JEFFERY S 1314 SE 26TH STREET CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ANGIULO, FRANCESCO 1206 SE 26TH STREET CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTS ANGIULO-STUCKEY, CHRISTINE 1314 SE 26TH STREET CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ANGIULO, ANNA A 1206 SE 26TH STREET CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S T ANGIULO, FRANCESCO J. 929 S.E. 25TH LANE CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGIULO, ANNA A 929 S.E. 25TH LANE CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 607, 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: FRANCESCO J. ANGIULO, PRES. 04/29/03 (239) 822-4791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)