

**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 # P0000071745**

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

JUL 10 11 11

2. Principal Place of Business  
929 S.E. 25TH LANE

3. Mailing Address  
929 S.E. 25TH LANE



CHECK HERE IF MAKING CHANGES

City & State  
CAPE CORAL, FL

City & State  
CAPE CORAL, FL

4. FEI Number  
65-1033302

Applied For  
 Not Applicable

Zip  
33904

Country  
USA

Zip  
33904

Country  
USA

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

a. 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  
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUCKEY, JEFFERY S 1314 SE 26TH STREET CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	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	OTS ANGIULO-STUCKEY, CHRISTINE 1314 SE 26TH STREET CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	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"/> Delete	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

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 Cayman Phone #

CR2E034 (10/02)