

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90174 042 \*\*\*150.00

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**DOCUMENT # P01000012772**

1. Entity Name  
**CHEMOCOMFORTS, INC.**

Principal Place of Business  
**322 PENDLETON LANE**  
**PALM BEACH FL 33480**

Mailing Address  
**322 PENDLETON LANE**  
**PALM BEACH FL 33480**



2. Principal Place of Business  
**550 S. Quadrille Blvd.**

3. Mailing Address  
**550 S. Quadrille Blvd.**

Suite, Apt. #, etc.  
**#201**

Suite, Apt. #, etc.  
**#201**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FEI Number  
**65-1071689**

Applied For  
☐ Not Applicable

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.**  
**941 FOURTH STREET #200**  
**MIAMI BEACH FL 33139**

## 7. Name and Address of New Registered Agent

Name  
**Jennifer Smith**

Street Address (P.O. Box Number is Not Acceptable)

**2 Shannon Circle**

City  
**West Palm Beach**

**FL**

Zip Code  
**33401**

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

*Jennifer K. Smith*

*Jennifer Smith*

*1/14/02*

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  
**D**  
 NAME  
**BONE, MELANIE K**  
 STREET ADDRESS  
**322 PENDLETON LANE**  
 CITY-ST-ZIP  
**PALM BEACH FL 33480**

☐ Delete

TITLE  
**D**  
 NAME  
**KAYE, SHIRLEY P**  
 STREET ADDRESS  
**322 PENDLETON LANE**  
 CITY-ST-ZIP  
**PALM BEACH FL 33480**

☐ Delete

TITLE  
**D**  
 NAME  
**SMITH, JENNIFER K**  
 STREET ADDRESS  
**322 PENDLETON LANE**  
 CITY-ST-ZIP  
**PALM BEACH FL 33480**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

*Jennifer K. Smith*

*1/14/02*

*561.683.0915*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)