

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90190 019 ***150.00

DOCUMENT # P02000043548

1. Entity Name
COMFORT CONTROL SPECIALISTS, INC.



Principal Place of Business
**3400 LAMSON APT 11
SPRING HILL FL 34608**

Mailing Address
**3400 LAMSON APT 11
SPRING HILL FL 34608**

2. Principal Place of Business
10581 Hearth Rd
Suite, Apt. #, etc.

3. Mailing Address
10581 Hearth Rd
Suite, Apt. #, etc.

City & State
Spring Hill, FL
Zip
34608 Country
US

City & State
Spring Hill, FL
Zip
34608 Country
US

4. FEI Number
01-0686023

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JENKINS, DANE A
3400 LAMSON APT 11
SPRING HILL FL 34608**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dane A Jenkins, president
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/14/03
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 **PD** ☐ Delete
NAME **JENKINS, DANE A**
STREET ADDRESS **3400 LAMSON APT 11**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **SD** ☐ Delete
NAME **JENKINS, MELISSA**
STREET ADDRESS **3400 LAMSON APT 11**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: Dane A. Jenkins 4/14/03 352-684-3734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)