2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90034 006 ***150.00

DOCUMENT # P03000002226

1. Entity Name

HEALTH AND COMFORT PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

94006045

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1413 LAKESIDE WAY	1413 LAKESIDE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBRING, FLA.	City & State: SEBRING, FLA.
Zip: 33876 Country: USA	Zip: 33876 Country: USA

4. FEI Number: 51-0449211 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Name: LUCAS BUTLER

Street Address (P.O. Box Number is Not Acceptable): 1413 LAKESIDE WAY

City: SEBRING FL Zip Code: 33876

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 ______________________________
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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, P, S, T	TITLE	
NAME	LUCAS BUTLER	NAME	
STREET ADDRESS	1413 LAKESIDE WAY	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FLA. 33876	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/4/04 863-655-9308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR