

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90031 040 ***150.00

DOCUMENT # P94000000515

1. Entity Name

**SOUTHERN COMFORT HEATING & AIR CONDITIONING OF S
 OUTHWEST FLORIDA, INC.**

Principal Place of Business

**C/O MYRNA D. HOWARD
 3327 RAIL ROAD STREET
 FORT MYERS FL 33916**

Mailing Address

**C/O MYRNA D. HOWARD
 3327 RAIL ROAD STREET
 FORT MYERS FL 33916**

2. Principal Place of Business

3327 RAILROAD ST
 Suite, Apt. #, etc.

3. Mailing Address

3327 RAILROAD ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS FL.

City & State

FORT MYERS FL.

4. FEI Number

65-0456390

Applied For

Not Applicable

Zip

33916

Country

LEE

Zip

33916

Country

LEE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, MYRNA D
 3327 RAIL ROAD STREET
 FORT MYERS FL 33916**

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.

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) ☐

**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** ☐ Delete
 NAME **HOWARD, MITCHELL M JR**
 STREET ADDRESS **1810 MITCHELL AVE**
 CITY-ST-ZIP **ALVA FL 33920**

TITLE **D** ☐ Delete
 NAME **HOWARD, MYRNA D**
 STREET ADDRESS **1810 MITCHELL AVE**
 CITY-ST-ZIP **ALVA FL 33920**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: MITCHELL M HOWARD JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/2002 941-334-0692
 Date Daytime Phone #

CR2E034 (9/01)