

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000004074**

1. Entity Name

CLIFFORD A. COMFORT, JR., C.P.A., P.A.**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90071 025 ***150.00

Principal Place of Business

Mailing Address

6361 PRESIDENTIAL CT SW
FT. MYERS FL 33919
USPO DRAWER 60205
FT. MYERS FL 33906-6205

2. Principal Place of Business

3. Mailing Address

1426 SE 44th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

4. FEI Number

65-0639303

Applied For

Not Applicable

Zip

Country

Zip

Country

33904

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
FT. MYERS FL 33907

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME COMFORT, CLIFFORD A JR.
STREET ADDRESS 6361 PRESIDENTIAL CT. SW
CITY-ST-ZIP FT. MYERS FL 33919TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1426 SE 44th Street
CITY-ST-ZIP Cape Coral, FL 33904TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Jan 2000

Date

941 540 5403

Daytime Phone #

CR2E034 (9/99)