

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90015 033 ***150.00

DOCUMENT # P97000068300

1. Entity Name

COMFORT PET PRODUCTS, INC.

Principal Place of Business

Mailing Address

~~3011 EXCHANGE CT, STE 105~~ 9017 Bayway Lane
WEST PALM BEACH FL 33409

~~3011 EXCHANGE CT, STE 105~~
WEST PALM BEACH FL 33463-2203

33411

PO Box 210665
ROYAL PALM BEACH, FL 33421

911368



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0774565

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SEMEGRAM, BARRY

~~3011 EXCHANGE CT, STE 105~~ 9017 Bayway Lane
WEST PALM BEACH FL 33409 33411

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

Barry Semegram, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/00
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 State

10. 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 ☐ Delete
NAME D
STREET ADDRESS NEWMAN, PHILIP
CITY-ST-ZIP 3011 EXCHANGE CT, STE 105
WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS NEWMAN, PHILIP
CITY-ST-ZIP PO Box 210665
ROYAL PALM BEACH, FL 33421

TITLE ☐ Delete
NAME D
STREET ADDRESS JACOBSON, HAROLD
CITY-ST-ZIP 3011 EXCHANGE CT, STE 105
WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS JACOBSON, HAROLD
CITY-ST-ZIP PO Box 210665
ROYAL PALM BEACH, FL 33421

TITLE ☐ Delete
NAME D
STREET ADDRESS SEMEGRAM, BARRY
CITY-ST-ZIP ~~3011 EXCHANGE CT, STE 105~~
WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SEMEGRAM, BARRY
CITY-ST-ZIP ~~PO Box 210665~~
ROYAL PALM BEACH, FL 33421

TITLE ☐ Delete
NAME D
STREET ADDRESS PERMUTT, HARVEY
CITY-ST-ZIP 3011 EXCHANGE CT, STE 105
WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS PERMUTT, HARVEY
CITY-ST-ZIP PO Box 210665
ROYAL PALM BEACH, FL 33421

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

1/25/00 861-788-8169