

5/10.

FILED

Jun 23, 2002 8:00 am  
Secretary of State

05-10-2002 90030 002 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029755

1. Entity Name:  
COMFORT CAB, INC.Principal Place of Business  
432 LENA ST.  
ST. AUGUSTINE FL 32092Mailing Address  
432 LENA ST.  
ST. AUGUSTINE FL 32092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 59-3499449

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHILDRES, JOHN R.  
432 LENA ST.  
ST. AUGUSTINE FL 32092

Name BRUCE ULLMAN

Street Address (P.O. Box Number is Not Acceptable)

2061 FORBES RD.

City ST. AUGUSTINE

FL

Zip Code 32092

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

*Bruce Ullman* President

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 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  
NAME CHILDRES, JOHN R  
STREET ADDRESS 2011 RYAN  
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME BRUCE ULLMAN  
STREET ADDRESS 2061 FORBES RD.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32092 ☐ Change ☒ AdditionTITLE  
NAME Vice president  
Winn's Leblanc JR  
STREET ADDRESS 298 YARBOROUGH CIR  
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Change ☐ AdditionTITLE  
NAME Treasurer  
Gregory Ross  
STREET ADDRESS 581 Remington Forest DR  
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Change ☐ AdditionTITLE  
NAME Secretary  
Gregory Ross  
STREET ADDRESS 581 Remington Forest DR  
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Bruce Ullman* BRUCE ULLMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

12-20-01 904-84-8240