

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90192 049 ***150.00

DOCUMENT # P98000029755

1. Entity Name
COMFORT CAB, INC.



Principal Place of Business
**432 LENA ST.
ST. AUGUSTINE FL 32092**

Mailing Address
**432 LENA ST.
ST. AUGUSTINE FL 32092**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3499449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ULLMAN, BRUCE
2061 FORBES ROAD
SAINT AUGUSTINE FL 32092**

7. Name and Address of New Registered Agent

Name

John R. Childres

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

2011 Ryan 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John R. Childres

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

(NOTE: Registered Agent signature required when reinstating)

1-25-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **ULLMAN, BRUCE**
STREET ADDRESS **2061 FORBES ROAD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32092**

TITLE **V** ☐ Delete
NAME **LEBLANC, WINNIS JR**
STREET ADDRESS **298 YARBOROUGH CIRCLE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE **T** ☐ Delete
NAME **ROSS, GREGORY**
STREET ADDRESS **581 REMMINGTON FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **S** ☐ Delete
NAME **ROSS, GREGORY**
STREET ADDRESS **581 REMMINGTON FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **S** ☐ Delete
NAME **ROSS, GREGORY**
STREET ADDRESS **581 REMMINGTON FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **John R. Childres**
CITY-ST-ZIP **2011 Ryan Rd St. Augustine FL 32092**

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03

904-823-9956

Date

Daytime Phone #

CR2E034 (10/02)