

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079449

1. Entity Name

COMFORT MORTGAGE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90387 041 ***150.00

Principal Place of Business

Mailing Address

915 SOUTH TAMiami TRAIL
SUITE B
NOKOMIS FL 34275

915 SOUTH TAMiami TRAIL
SUITE B
NOKOMIS FL 34275-3167

2. Principal Place of Business

3. Mailing Address

714 Colonia Ln E
Suite, Apt. #, etc.

714 Colonia Ln
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Nokomis FL
34275 SARASOTA

Nokomis FL
34275 SARASOTA

4. FEI Number

65-0865687

Applied For

Not Applicable

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

ERVANS, LAURA L
260 N ALBEE FARM RD
NOKOMIS FL 34275

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 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 PD
NAME ERVANS, LAURA L
STREET ADDRESS 260 N ALBEE FARM RD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ERVANS, LARRY M
STREET ADDRESS 260 N ALBEE FARM RD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE V/D
NAME Errans, Larry m.
STREET ADDRESS 260 N Albee Farm Rd
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Laura L. Evans 4/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

941-416-4160

CR2E034 (9/99)