

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047186

1. Entity Name

COMFORT GALLERY, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90120 028 \*\*\*150.00

Principal Place of Business

6489 PARKLAND DR.  
SARASOTA, FL 34243

Mailing Address

6489 PARKLAND DR.  
SARASOTA, FL 34243

2. Principal Place of Business

7648 LOCKWOOD RIDGE RD.

3. Mailing Address

7648 LOCKWOOD RIDGE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A0061044**

DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

4. FEI Number  
65-0932467

Applied For

Not Applicable

Zip  
34243

Country  
MANATEE

Zip  
34243

Country  
MANATEE

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

HOWARD R. WOMELDORPH, JR.  
6489 PARKLAND DR.  
SARASOTA, FL 34243

Name

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

7648 LOCKWOOD RIDGE RD.

City  
SARASOTA

FL

Zip Code  
34243

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

*Howard Womeldorph*  
(NOTE: Registered Agent signature required when reinstating)

DATE  
4/27/00

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 D ☐ Delete  
NAME ERIC GARSON  
STREET ADDRESS 6489 PARKLAND DR.  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7648 LOCKWOOD RIDGE RD  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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]*

ERIC GARSON

4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)