

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049625

1. Entity Name

COMFORT TITLE AGENCY, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90250 034 ***150.00

Principal Place of Business

Mailing Address

~~10138 U.S. 19~~
 PORT RICHEY FL 34668

~~10138 U.S. 19~~
 PORT RICHEY FL 34668

2. Principal Place of Business

2623 MCCORMICK DR

3. Mailing Address

2627 MCCORMICK DR

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33759

Country

Zip

33759

Country

4. FEI Number

59 3581672

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARIE B
 10138 U.S. 19
 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

MARLA A. LAUFENBERG

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

2623 MCCORMICK DR

SUITE 102

City

CLEARWATER

FL

Zip Code

33759

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

Marla A. Laufenberg

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

TITLE PS ☒ Delete
 NAME SMITH, MARIE B
 STREET ADDRESS 10138 U.S. 19
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Change ☒ Addition
 NAME BUD ROTTER
 STREET ADDRESS 2627 MCCORMICK DR SUITE 102
 CITY-ST-ZIP CLEARWATER FL 33759

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 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 #

CR2E034 (9/99)