

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90071 019 \*\*\*150.00

0036091 AV

**DOCUMENT # G32423**

1. Entity Name  
**CHARLES W. HOFFMAN, D.M.D., P.A.**

Principal Place of Business  
**525 NORTHLAKE BLVD.**  
**N. PALM BEACH FL 33408**

Mailing Address  
**525 NORTHLAKE BLVD.**  
**N. PALM BEACH FL 33408**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Charles W. Hoffman, DMD**  
**1200 University Blvd.**  
**Suite 103**  
**Jupiter, FL 33458**

3. Mailing Address  
**Charles W. Hoffman, DMD**  
**1200 University Blvd.**  
**Suite 103**  
**Jupiter, FL 33458**

4. FEI Number **59-2280436** Applied For ☐ Not Applicable ☐  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SILVERMAN, THOMAS N.**  
**712 U.S. HWY. ONE**  
**N PALM BCH. FL 33408**

7. Name and Address of New Registered Agent  
 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.  
**D**  
 SIGNATURE \_\_\_\_\_ (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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, CHARLES W. 525 NORTHLAKE BLVD. N PALM BCH. FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles W. Hoffman, DMD 1200 University Blvd. Suite 103 Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **3/29/02 561-691-9161**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)