

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

062374

DOCUMENT # P97000082576

1. Entity Name
HOFFMAN, YATES & ASSOCIATES, INC.

01-20-2001 90003 046 ***150.00

Principal Place of Business Mailing Address
5424 LEEWOOD LANE **5424 LEEWOOD LANE**
SUITE 100 **SUITE 100**
NEW PORT RICHEY FL 34683 **PALM HARBOR FL 34652**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5424 LEEWARD LANE **5424 LEEWARD LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100 **Suite 100**

City & State City & State
NEW PORT RICHEY, FL **NEW PORT RICHEY, FL**
 Zip Zip Country Country
34652 **34652** **US** **US**

4. FEI Number **59-34703975** Applied For
59-3470395 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **DANIEL Y. HOFFMAN**
 Street Address (P.O. Box Number is Not Acceptable)
5424 LEEWARD LANE
SUITE 100
 City **NEW PORT RICHEY FL** Zip Code **34652**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both in the State of Florida.
 SIGNATURE **DANIEL Y. HOFFMAN** *Daniel Hoffman* **1/10/2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | D HOFFMAN, DANIEL Y 2235 EAST ORANGEHILL AVENUE PALM HARBOR FL 34683 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOFFMAN, DANIEL Y. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5424 LEEWARD LANE NEW PORT RICHEY, FL 34652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **DANIEL Y. HOFFMAN** *Daniel Hoffman* **1/10/2001** **727-815-8813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)