

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91586 033 ***150.00

DOCUMENT # P98000017393

1. Entity Name
HOFFMAN ARCHITECTS, INC.

Principal Place of Business

7217 GULF BLVD
STE 4
ST. PETE BEACH FL 33706
US

Mailing Address

7271 GULF BLVD
STE 4
ST. PETE BEACH FL 33706
US

2. Principal Place of Business

244 Ninth Street N.
Suite, Apt. #, etc.

3. Mailing Address

244 Ninth Street N.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
59-3495361

Applied For
Not Applicable

Zip
33705

Country
USA

Zip
33705

Country
USA

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

6. Name and Address of Current Registered Agent

HOFFMAN, TERESA M
3950 MOODY STREET
ST. PETE BEACH FL 33706

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

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 PD
NAME HOFFMAN, ANDREW D
STREET ADDRESS 3950 MOODY STREET
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HOFFMAN, TERESA M
STREET ADDRESS 3950 MOODY STREET
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE
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CITY-ST-ZIP

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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] CHAIRMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

727 821 4008

Daytime Phone #

CR2E034 (9/01)