

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 309138**

1. Entity Name

**FEDERAL LIQUIDATORS & AUCTION CO., INC.**

Principal Place of Business

7859 S. PINE AVE (US 441).. STE 13  
OCALA FL 34480  
US

Mailing Address

7859 S. PINE AVE (US 441).. STE 13  
OCALA FL 34480  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1211085**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOFFMAN, W A  
SUITE #13  
7850 SO. PINE (US 441)  
OCALA FL 34480**

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

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 **DPST** ☐ Delete  
NAME **HOFFMAN, W A**  
STREET ADDRESS **SUITE #13 7850 SO. PINE (US 441)**  
CITY-ST-ZIP **OCALA FL 34480**TITLE **VPD** ☒ Delete  
NAME **HOFFMAN, EDWINA J**  
STREET ADDRESS **SUITE #13-7850 SO. PINE (US 441)**  
CITY-ST-ZIP **OCALA FL 34480**TITLE **VPD** ☐ Delete  
NAME **HOFFMAN, P M**  
STREET ADDRESS **SUITE #13-7850 SO. PINE (US 441)**  
CITY-ST-ZIP **OCALA FL 34480**TITLE **VPD** ☐ Delete  
NAME **HOFFMAN, M A**  
STREET ADDRESS **SUITE #13-7850 SO. PINE (US 441)**  
CITY-ST-ZIP **OCALA FL 34480**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90034 005 \*\*\*150.00

**600496**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)