2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

City & State

Zip

583674 **DOCUMENT #**

Country

1. Entity Name

Principal Place of Business

2. Principal Place of Business

8475 SEMINOLE BLVD

Suite, Apt. #, etc.

City & State

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

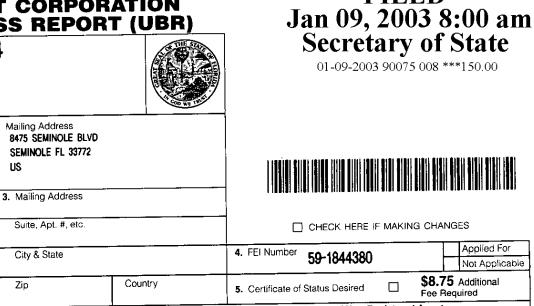
TITLE

NAME

Zip

SEMINOLE FL 33772

HOFFMAN AND MOSS, D.D.S., P.A.



FILED

Applied For

Not Applicable

		Į.					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
	Name	Name					
HOFFMAN	0. 1014	Street Address (P.O. Box Number is Not Acceptable)					
	Street Address	Street Address (F.O. Box Multiper is Not Acceptable)					
	NOLE BLVD						
SEMINOLE	FL 33772						
•			City		FL	Zip Code	
					est or both in the State of Florida Lam	I familiar with_s	and accept
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or registi	erea age	ent, or both, in the State of Florida. I am	arima with	a addop:
the obligati	ons of registered agent.	, ¬					
	Viene Stoke	Thurs DOS			01-6-	05_	
SIGNATURE	Signature, typed or printed name of registered agend	nd little if applicable. (NOTE:	Registered Agent signature requir	red when rein	nstating) DATE		
							_
FILE NOW!!! FEE (\$ \$150.00) After May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing		May Be to Fees
After			Trust Fund Contribution.	_ Added	to rees		
Make Check	Payable to Florida Department of		.	A.D.(DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
10.	OFFICERS AND		11.	AUL	JITIONS/CHANGES TO OFFICERS AND	☐ Change	☐ Addition
TITLE	PT	☐ Delete	TITLE			Change	[_] Addition
NAME	HOFFMAN, LAURENCE S		NAME				
STREET ADDRESS	8475 SEMINOLE BLVD		STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	VS	Delete	TITLE			Change	☐ Addition
NAME	MOSS, FRANK B.		NAME				
STREET ADDRESS	8475 SEMINOLE BLVD		STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP				
 -	SEMINOLE 1 C 00112	Delete	TITLE			☐ Change	☐ Addition
TITLE		LA Delete	NAME				
NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				1
G117-51-21F			TITLE			Change	Addition
TITLE		☐ Delete	TITLE NAME				
NAME							
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP			U114-51-21P				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
CTREET ADDRESS			STREET ADDRESS				

12. 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 of flusted empowered to execute this report as received by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a consequence of the corporation of the c

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

SIGNATURE

Change

☐ Addition