

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90209 012 ***150.00

DOCUMENT # 679743

1. Entity Name
3801, INC.



Principal Place of Business
**3801 16TH STREET NORTH
ST. PETERSBURG FL 33703**

Mailing Address
**3801 16TH STREET NORTH
ST. PETERSBURG FL 33703**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2080562**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOFFMAN, PHILLIP
3801-16TH ST., N.
ST. PETERSBURG FL 33703 33703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Phillip E. Hoffman*
Signature, typed or printed name of registered agent as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-31-03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HOFFMAN, PHILLIP**
CITY-ST-ZIP **5950 PELICAN PLZ. S-604 GULFPORT FL**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33707**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **HOFFMAN, DONNA**
CITY-ST-ZIP **5950 PELICAN PLZ. S-604 GULFPORT FL**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33707**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HOFFMAN, BRIAN**
CITY-ST-ZIP **654 -37TH AVE N. SAINT PETERSBURG FL 33704**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1548 Beverly Drive**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or trustee empowered to execute this report as required 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-03 727-5225722

CR2E034 (10/02)