

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90867 031 ***150.00

DOCUMENT # J12251

1. Entity Name
HOFFMAN INVESTMENTS, INC.



Principal Place of Business
2389 N 18TH ANVE
2389 NORTH 18TH AVENUE
PENSACOLA FL 32503
US

Mailing Address
~~LOUISE F. HOFFMAN~~
2389 NORTH 18TH AVENUE
PENSACOLA FL 32503-5405



2. Principal Place of Business
2389 N 18 AVE
Suite, Apt. #, etc.

3. Mailing Address
2389 N 18 AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA FL

City & State
PENSACOLA FL

4. FEI Number 59-2828444

Applied For
☐ Not Applicable

Zip 32503 **Country** USA

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

6. Name and Address of Current Registered Agent

HOFFMAN, JAMES E
2389 NORTH 18TH AVENUE
PENSACOLA FL 32503-5405

7. Name and Address of New Registered Agent

Name JAMES E. HOFFMAN
Street Address (P.O. Box Number is Not Acceptable)
2389 N 18 AVE.
City PENSACOLA **FL** **Zip Code** 32503

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, LOUISE F. 2389 NORTH 18TH AVENUE PENSACOLA FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFMAN, GEORGE A. 6292 MOLINO RD. CANTONMENT FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, WILLIAM A. P O BOX 2874 ORANGE BEACH AL 36561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMAN, JAMES E. 2389 N 18TH AVENUE PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED: HOFFMAN S.T. Feb 27, 03 850 232 2091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)