

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90056 028 ***558.75

DOCUMENT # J68093

1. Entity Name
HOEFLING, PAULEY & WALSH, INC.

Principal Place of Business

**180 EAST DOUGLAS ROAD
 OLDSMAR FL 34677**

Mailing Address

**P O BOX 1265
 OLDSMAR FL 34677-1265**

2. Principal Place of Business

2598 GARY CIRCLE

3. Mailing Address

2598 GARY CIRCLE

Suite, Apt. #, etc.

UNIT 202

Suite, Apt. #, etc.

UNIT 202

City & State

DUNEDIN FL

City & State

DUNEDIN FL

Zip

34698

Country

USA

Zip

34698

Country

USA

4. FEI Number **59-2794536**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PAULEY, DAVID R.
 180 E. DOUGLAS ROAD
 OLDSMAR FL 33557**

7. Name and Address of New Registered Agent

Name
PAULEY, DAVID R

Street Address (P.O. Box Number is Not Acceptable)

2598 GARY CIRCLE UNIT 202

City **DUNEDIN**

FL

Zip Code

34698

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, 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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **TD** ☐ Delete
 NAME **PAULEY, DAVID R.**
 STREET ADDRESS **2258 GULF VIEW BLVD**
 CITY-ST-ZIP **DUNEDIN FL**

TITLE **PD** ☐ Delete
 NAME **HOEFLING, RALPH B.**
 STREET ADDRESS **2956 LANDING WAY**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **VD** ☐ Delete
 NAME **WALSH, THOMAS**
 STREET ADDRESS **16634 DRESSER HILL DR**
 CITY-ST-ZIP **CHESTERFIELD MO**

TITLE **SD** ☐ Delete
 NAME **WALSH, ROSALIE**
 STREET ADDRESS **16634 DRESSER HILL DR**
 CITY-ST-ZIP **CHESTERFIELD MO**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2598 GARY CIRCLE UNIT 202**
 CITY-ST-ZIP **34698**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34684**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **63005**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **63005**

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

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

CR2E034 (4/02)

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 **Rosalie Walsh**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-02 314-731-1680

Date

Daytime Phone #