

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90723 031 \*\*\*150.00

**DOCUMENT # L21971**

1. Entity Name  
**HOFFMAN GRAPHICS, INC.**

Principal Place of Business  
**4645-A SOUTHERN BLVD.  
 WEST PALM BEACH FL 33415-**

Mailing Address  
**4645-A SOUTHERN BLVD.  
 WEST PALM BEACH FL 33415.**



2. Principal Place of Business  
**3033 S. Congress Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3033 S. Congress Ave.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Palm Springs, FL.**  
 Zip  
**33461**  
 Country  
**USA**

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**USA**

4. FEI Number **65-0149746** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOFFMAN, PETER**  
**4645-A SOUTHERN BLVD**  
**WEST PALM BEACH FL 33415.**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3033 S. Congress Avenue**  
 City **Palm Springs** **FL** Zip Code **33461**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HOFFMAN, PETER</b> <b>4645-A SOUTHERN BLVD.</b> <b>WEST PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3033 S. Congress Ave.</b> <b>Palm Springs, FL. 33461</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter Hoffman **Peter Hoffman** 5/8/02 561-432-1333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



Attachment 867220  
**HOFFMAN GRAPHICS INC.**

"Worlds Ahead"

Florida Department of State  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500

May 8, 2002

RE: Hoffman Graphics, Inc. Document #L21971

Dear Sir or Ms.,

As per my telephone conversation with your office this date, please find enclosed our check in the amount of \$150.00 for the annual filing. Our business moved to a new location, and we just received the renewal in the mail. Please do note the changes shown on the report.

Sincerely,

Ruth French  
Bookkeeper