

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90713 014 ***150.00

0400865 AV

DOCUMENT # M25014

1. Entity Name
MARC H. HOFFMAN, P.A.



Principal Place of Business
**1600 SOUTH DIXIE HWY
SUITE 111
BOCA RATON FL 33432**

Mailing Address
**1600 SOUTH DIXIE HWY
SUITE 111
BOCA RATON FL 33432**



2. Principal Place of Business
22028 MARTELLA AVE.
Suite, Apt. #, etc.

3. Mailing Address
22028 MARTELLA AVE.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL
Zip
33433
Country
USA

City & State
BOCA RATON, FL
Zip
33433
Country
USA

4. FEI Number **59-2627813**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HOFFMAN, MARC H.
1600 SOUTH DIXIE HIGHWAY
SUITE 111
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent
Name **MARC H. HOFFMAN**
Street Address (P.O. Box Number is Not Acceptable)
301 YAMATO ROAD, SUITE 4150
City **BOCA RATON** FL Zip Code **33431**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, MARC H. 1600 SOUTH DIXIE HWY SUITE 111 BOCA RATON FL 33432 <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 type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22028 MARTELLA AVE. BOCA RATON, FL 33433
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-03** Daytime Phone # **(561) 237-6881**

CR2E034 (10/02)