

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90465 013 ***150.00

DOCUMENT # P00000044661

1. Entity Name
BEVERLY HOFFMAN, P.A.

Principal Place of Business
240 PALM RIVER BLVD., SUITE C-102
NAPLES FL 34110

Mailing Address
240 PALM RIVER BLVD., SUITE C-102
NAPLES FL 34110

954138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5140 COBBLE CREEK CT.
 Suite, Apt. #, etc.
UNIT #103

3. Mailing Address
5140 COBBLE CREEK CT.
 Suite, Apt. #, etc.
UNIT #103

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34110

Country
USA

Zip
34110

Country
USA

4. FEI Number
59-3443042

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HOFFMAN, BEVERLY
240 PALM RIVER BLVD., SUITE C-102
NAPLES FL 34110

7. Name and Address of New Registered Agent
 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.

SIGNATURE *Beverly Hoffman* **3-12-01**
 Signature, typed or printed name of registered agent, and date 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 \$150.00
After MAY 1, 2001 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	D HOFFMAN, BEVERLY 240 PALM RIVER BLVD., SUITE C-102 NAPLES FL 34110 <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	D HOFFMAN, BEVERLY 5140 COBBLE CREEK CT #103 NAPLES FL 34110 <input type="checkbox"/> Delete	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"/> Delete	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: *Beverly Hoffman* **3-12-01** **941-592-9784**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0398418

CR2E034 (10/00)