

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90422 030 ***150.00

0416539

DOCUMENT # P00000062919

1. Entity Name
E.H.M., INC.

Principal Place of Business

**7121 29TH ST E
SARASOTA FL 34243**

Mailing Address

**7121 29TH ST E
SARASOTA FL 34243**

2. Principal Place of Business

1316 Whitfield Ave

3. Mailing Address

1316 Whitfield Ave

Suite, Apt. #, etc.

Suite #106

Suite, Apt. #, etc.

Suite #106

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34243

Country

USA

Zip

34243

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1036558

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARRISON, JOSEPH
2233 NURSERY RD
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **Allen E. Langdon, Ph.D.**

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

City **Nokomis**

FL

Zip Code

34275

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 **Allen E. Langdon, Ph.D.**

(NOTE: Registered Agent signature required when reinstating)

3/6/01

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

TITLE **PST** ☒ Delete
NAME **HOFFMAN, TIMOTHY H**
STREET ADDRESS **7121 29TH ST E**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P V** ☒ Change ☐ Addition
NAME **Hoffman, Timothy H.**
STREET ADDRESS **7121 29th St. E.**
CITY-ST-ZIP **Sarasota, FL. 34243**

TITLE ☒ Change ☐ Addition
NAME **S.T. Hoffman, Paul H.**
STREET ADDRESS **613 45th St. E.**
CITY-ST-ZIP **Palmetto, FL 34221**

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

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

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

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

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: **X Timothy H Hoffman (Pres)**

4/1/01

Date

3/6/01

Daytime Phone #

941-753-7287

CR2E034 (10/00)