

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90107 029 ***150.00

DOCUMENT # P00000074018

1. Entity Name
HOFFNUNG, INC.

Principal Place of Business 11788 - 66TH STREET NORTH, UNIT E LARGO FL 33773	Mailing Address 11788 - 66TH STREET NORTH, UNIT E LARGO FL 33773
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0680125	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HONEGGER, MARLIS
 11788 - 66TH STREET NORTH, UNIT E
 LARGO FL 33773

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEGGER, MARLIS	NAME	
STREET ADDRESS	11788 - 66TH STREET NORTH, UNIT E	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33773	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **4-2-02** **727/698-0641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attach # 31133 P00000074018

Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 01-0680120 OMB No. 1545-0003

Keep a copy for your records.

1 Name of applicant (legal name) (see instructions) HOFFNUNG, INC.
2 Trade name of business (if different from name on line 1)
3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 11788 - 66th Street North Unit #3
4b City, state, and ZIP code Largo, FL 33773
5a Business address (if different from address on lines 4a and 4b)
5b City, state, and ZIP code
6 County and state where principal business is located Pinellas County, Florida
7 Name of principal officer, general partner, grantor, owner, or trustee--SSN or ITIN may be required (see instructions) Marlis Honegger

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.
[] Sole proprietor (SSN) [] Estate (SSN of decedent)
[] Partnership [] Personal service corp. [] Plan administrator (SSN)
[] REMIC [] National Guard [X] Other corporation (specify)
[] State/local government [] Farmers' cooperative [] Trust
[] Church or church-controlled organization [] Federal government/military
[] Other nonprofit organization (specify)
[] Other (specify)

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Florida Foreign country

9 Reason for applying (Check only one box.) (see instructions)
[X] Started new business (specify type) investing
[] Banking purpose (specify purpose)
[] Changed type of organization (specify new type)
[] Purchased going business
[] Hired employees (Check the box and see line 12.)
[] Created a pension plan (specify type)
[] Created a trust (specify type)
[] Other (specify)

10 Date business started or acquired (month, day, year) (see instructions) 8/3/2000
11 Closing month of accounting year (see instructions) December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) unknown

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)
Nonagricultural Agricultural Household
-0- -0- -0-

14 Principal activity (see instructions) investing
15 Is the principal business activity manufacturing? [] Yes [X] No
If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check one box.
[] Public (retail) [] Other (specify)
[X] Business (wholesale) [] N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? [] Yes [X] No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name Trade name

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Business telephone number (include area code) 727-639-1391
Fax telephone number (include area code)

Name and title (Please type or print clearly.) Marlis Honegger President

Signature [Signature] Date 8/21/00

Note: Do not write below this line. For official use only.

Please leave blank Geo. Ind. Class Size Reason for applying