2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000112560

1. Entity Name

HOFFMAN & TOTH INC.



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90232 012 ***150.00

Suite	Principal Place of Business 2221 AUTER DR													
City & State City & State Country Zip Country S. Certificate of Status Desired S. Certificate of Status Desired of Status Desired S. Certificate of Status Desired S. Certific	2. Principal Pla	ace of Busine	ess	3. Maili	3. Mailing Address				3 5	 		,III 13001 BIRIO 1	U iiri uu ii r eu i	
Zip Country Zip Country 5. Centricase of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Sea Required Sea Report Sea Required Sea Required Sea Report S	Suite, Apt. #	t, etc.		Suite	, Apt. #, etc.					HECK HERE I	F MAKING	CHANGES		
S. Certificate of Salutis Liberian Series (P.O. Box Number is Not Acceptable) 6. Name and Address of Current Registered Agent Name Name Name and Address of New Registered Agent Name Street Accross (P.O. Box Number is Not Acceptable) Street Accross (P.O. Box Number is Not	City & State				City & State			4.	36-45	51403	33			
KERESZIES, ROZALIA S953 17TH ST W APT A-37 BRADENTON FL 34207 8. The above named critisy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE Symmum, from or arried norm of registered agent. SIGNATURE SYMMUM, from or arried norm of registered agent. SIGNATURE SYMMUM, from or arried norm of registered agent. SIGNATURE SYMMUM, from or arried norm of registered agent. SIGNATURE SYMMUM, from or arried norm of registered agent. SIGNATURE SYMMUM, from or arried norm of registered agent. SIGNATURE SYMMUM, from or arried norm of registered agent. SIGNATURE SYMMUM, from or arried norm of registered agent. SIGNATURE SYMMUM, from or arried norm of registered agent. SYMMUM, from or arried norm or arriv	Zip	$\overline{}$	Country	Zip		Country						ee Require		
STREET ADDRESS OTY-ST-79 ITHE NAME STREET ADDRESS OTY-ST-79 ITH		6. Name	and Address of Curre	nt Registere	d Agent			7.	Name and Addre	ess of New Re	egistered A	gent		
SeSS 17TH ST W APT A37 BRADENTON FL 34207 City FL Zip Code	KERESZTE	s, rozali	4		-		_	ess (P.O. F	Box Number is No	ot Acceptable				
BRADENTON FL 34207 8. The aboven named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Iteratival with, and society the obligations of registered agent, or both, in the State of Florida. I am Iteratival with, and society the obligations of registered agent, or both, in the State of Florida. I am Iteratival with, and society the obligations of registered agent, or both, in the State of Florida. I am Iteratival with, and society the obligations of registered agent, or both, in the State of Florida. I am Iteratival with, and society the obligations of registered agent, or both, in the State of Florida. I am Iteratival with, and society the obligations of registered agent, or both, in the State of Florida. I am Iteratival with, and society the obligations of registered agent, or both, in the State of Florida. I am Iteratival with, and society with a society of the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am Iteratival with, and society with a society of the obligation of registered agent, or both, in the State of Florida. I am Iteratival with, and society with a society of the obligation of the state of Florida. I am Iteratival with, and society of the obligation of the state of Florida agent, or both, in the State of Florida. I am Iteratival with, and society with a state of Florida agent, or both, in the State of Florida. I am Iteratival with, and society with a state of Florida agent, or both, in the State of Florida. I am Iteratival with, and society with a state of Florida agent, or both, in the State of Florida agent, or both, in the State of Florida. I am Iteratival with, and state of Florida agent, or both, in the State of Florida. I am Iteratival with, and state of Florida agent, or both, in the State of Florida agent, or bo	5953 17TH	ST W APT	「A-37		Street Addi				Sa (1.0. Dox Humbor to 1101 receptions)					
City													\	
THE Change Delete THE NAME STREET ADDRESS CITY-ST-ZP Change Addition Addition Change Addition Change Addition Change Change Addition Change Change Addition Change Conty-ST-ZP CITY-ST-ZP CITY-ST-Z	D/ V 12-01-4-1		•		•		City				FL	Zip Cod	le	
Atter May 1, 2003 Fee will be \$55.00 May be Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS				t for the purp	ose of changing its	registered	office or reg	istered ac	gent, or both, in t	ne State of Flo	rida. I am f	amiliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-2IP CHange Addition Addition Added to Fees Addition Added to Fees Addition Addi	SIGNATURE _	Signature, typed	or printed name of registered ag	ent and title if app	ficable. (NOTE	E: Registered A	Agent signature re	quired when r	rainstating)		DATE			
TILE NAME STREET ADDRESS CITY ST-ZIP TILE NAME S	After	May 1, 200	3 Fee will be \$550.0	00		5 = =	~ ·	·- · · • .	_					
TITLE NAME NAME STREET ADDRESS STREE					RS	11.		Al	DDITIONS/CHAP	IGES TO OFF	ICERS AND	DIRECTOR	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-Z		P -	Vic Ko	00 cz+e.	_ ☐ Delete			Dice	ctor. S	ecreta	7	☐ Change	Addition	
SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE TITLE SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRES	l	102	2 17+6	st w	Apt A-3	7 NAME								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		13-6	denton 1	C L 3	9207				<u>. </u>					
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE						☐ Change	Addition	
CITY-ST-ZIP	NAME	1									-			
TITLE														
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM			· · · · · · · · · · · · · · · · · · ·		Delete	TITLE	- -			<u> </u>	.,	Change	Addition	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					<u> </u>									
TITLE NAME STREET ADDRESS CITY-ST-ZIP							l.							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY-S	ST-ZIP							
STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete .							☐ Change	Addition	
CITY-ST-ZIP	NAME						r +0000000							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ORAME STREET ADDRESS CITY-ST-ZIP TOTALE STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP		<u>.</u>			_	31-Zir					☐ Channe	C Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					☐ Delete							Gridings		
CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition														
NAME STREET ADDRESS CITY-ST-ZIP NAME CITY-ST-ZIP		 	.,		☐ Delete	TITLE	-+			_	-	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		1			5000				-		_			
G11+31-2Ir	l ·		Ambuch Commence				1	بنسب د		And the second	بيسه نواک	-	-	
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 it made under oath; that it air an officer of 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: 5

Date

Daytime Phone #