

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012420

1. Entity Name

MICHAEL HOFFMANN CONSULTING SERVICES, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90215 042 \*\*\*150.00

Principal Place of Business

9550 BAY MEADOWS RD  
STE 4  
JACKSONVILLE FL 32256

Mailing Address

9550 BAY MEADOWS RD  
STE 4  
JACKSONVILLE FL 32256-0748

2. Principal Place of Business

2248 JADESTONE DR.

Suite, Apt. #, etc.

3. Mailing Address

2248 JADESTONE DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

4. FEI Number

59-3224845

Applied For

Not Applicable

Zip

Country

32246

USA

Zip

Country

32246

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMANN, MICHAEL

~~12610 EAGLESHAM DR~~ 2248 JADESTONE DR  
JACKSONVILLE FL 32225 JACKSONVILLE FL 32246

Name

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

2248 JADESTONE DR

City

JACKSONVILLE

FL

Zip Code

32246

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2000

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, 2000 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	DPST	<input type="checkbox"/> Delete
NAME	HOFFMANN, MICHAEL	
STREET ADDRESS	12610 EAGLESHAM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2248 JADESTONE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000

Date

904-641-4067

Daytime Phone #

CR2E034 (9/99)