

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90431 048 ***150.00

DOCUMENT # P94000042928

1. Entity Name

HOFMEISTER HOMES, INC.

Principal Place of Business

17521 US HWY 441 SUITE 30
 MOUNT DORA FL 32757

Mailing Address

17521 US HWY 441
 SUITE 30
 MOUNT DORA FL 32757
 US

2. Principal Place of Business

4130 Bennett Drive

Suite, Apt. #, etc.

Suite 1

City & State

Mount Dora, FL

Zip

32757

Country

US

3. Mailing Address

4130 Bennett Drive

Suite, Apt. #, etc.

Suite 1

City & State

Mount Dora, FL

Zip

32757

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3248977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOFMEISTER, CARLA D

17521 US HWY 441 SUITE 30
 MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name Hofmeister, Carla D.

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

4130 Bennett Drive

Suite 1

City

Mount Dora

FL

Zip Code

32757

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOFMEISTER, TOM L	
STREET ADDRESS	17521 US HWY 441, STE 30	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFMEISTER, CARLA D	
STREET ADDRESS	17521 US HWY 441, STE 30	
CITY-ST-ZIP	MOUNT DORA FL 32757	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hofmeister, Tom	
STREET ADDRESS	4130 Bennett Dr., Suite 1	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hofmeister, Carla D.	
STREET ADDRESS	4130 Bennett Dr., Suite 1	
CITY-ST-ZIP	Mount Dora, FL 32757	
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:

Carla D. Hofmeister Carla D. Hofmeister 4/10/02 (352) 589-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)