

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90352 044 ***150.00

DOCUMENT # P94000063707

1. Entity Name

JANET ELIZABETH HOFFMAN, P.A.

Principal Place of Business

**1252 QUEENS HARBOUR BLVD
 JACKSONVILLE FL 32225
 US**

Mailing Address

**1252 QUEENS HARBOUR BLVD
 JACKSONVILLE FL 32225
 US**

00022207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 Sand Dollar Ct.

Suite, Apt. #, etc.

3. Mailing Address

901 Sand Dollar Ct.

Suite, Apt. #, etc.

City & State

St. Augustine, Fl

City & State

St. Augustine, Fl.

4. FEI Number

59-3286031

Applied For

Not Applicable

Zip

32084

Country

USA

Zip

32084

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CRABTREE, R. R.
 8375 DIX ELLIS TRAIL
 SUITE 401
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 **VDP** ☐ Delete
 NAME **HOFFMAN, JANET E**
 STREET ADDRESS **1252 QUEENS HARBOR BVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **ST** ☐ Delete
 NAME **CARILLI, JUNE G**
 STREET ADDRESS **8429 ALDERMAN RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **V** ☐ Delete
 NAME **HOFFMAN, KELLY M**
 STREET ADDRESS **1252 QUEENS HARBOR BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **V** ☐ Delete
 NAME **HOFFMAN, KATHRYN A**
 STREET ADDRESS **1252 QUEENS HARBOR**
 CITY-ST-ZIP **JACKSONVILLE FL**

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 **VDP** ☐ Change ☐ Addition
 NAME **Janet E. Hoffman**
 STREET ADDRESS **901 Sand Dollar Ct.**
 CITY-ST-ZIP **St. Augustine, Fl. 32084** ☐ Change ☐ Addition

TITLE **V** ☐ Change ☐ Addition
 NAME **Hoffman, Kelly M**
 STREET ADDRESS **901 Sand Dollar Ct.**
 CITY-ST-ZIP **St. Augustine, Fl. 32084** ☐ Change ☐ Addition

TITLE **V** ☐ Change ☐ Addition
 NAME **Hoffman, Kathryn A**
 STREET ADDRESS **901 Sand Dollar Ct.**
 CITY-ST-ZIP **St. Augustine, Fl. 32084** ☐ Change ☐ Addition

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: *June G. Carilli*

June G. Carilli, Sec-Treas. 3/2/01 904/823-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)