

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90009 001 \*\*\*150.00

**DOCUMENT # P95000010059**

1. Entity Name

**HOFFER INSURANCE GROUP, INC.**

Principal Place of Business

798 N.W. 6TH DR.  
 BOCA RATON FL 33486  
 US

Mailing Address

798 N.W. 6TH DR.  
 BOCA RATON FL 33488  
 US

2. Principal Place of Business

7775 GREAT OAK DRIVE  
 Suite, Apt. #, etc.  
 LAKEWORTH, FL  
 City & State

3. Mailing Address

8400 HIGH HAMPTON CHASE  
 Suite, Apt. #, etc.  
 ALPHARETTA, GA 30022  
 City & State

4. FEI Number

65-0563154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CARBONE, ELYNN G**  
 798 N.W. 6TH DR.  
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name  
**CARBONE, ELYNN**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1300 N. FEDERAL HWY #201  
 City **Boca Raton, FL** Zip Code **33432**

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

*Elynn Hoffer Carbone*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/9/2001  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFER-CARBONE, ELYNN G</b>	
STREET ADDRESS	<b>798 NW 6TH DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFER-CARBONE, ELYNN G.</b>	
STREET ADDRESS	<b>8400 HIGH HAMPTON CHASE</b>	
CITY-ST-ZIP	<b>ALPHARETTA, GA 30022</b>	
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:

*Elynn Hoffer Carbone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
D# 9500010039  
774850

August 10, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re. FEI: 65-0563154, Hoffer Insurance Group, Inc.

To Whom It May Concern:

I never received a 1<sup>st</sup> notice for the Uniform Business report and have just received yesterday, the 2<sup>nd</sup> notice, requesting a \$550.00 fee (postmarked 7/5/2001).

I believe I notified the Division of Corporations of my change of address, back in October 2000. It is obvious now that the change of address did not take place, and that is why I never received the 1<sup>st</sup> notice. I respectfully request you to please waive the increased fee and accept my check for \$150.00.

I have never been untimely with my payments before and ask you to please make this consideration on my behalf.

Thank you,



Elynn Hoffer Carbone, (Registered Agent and Officer)  
8400 High Hampton Chase  
Alpharetta, GA 30022

Business Address: Hoffer Insurance Group, Inc.  
7775 Great Oak Drive, LakeWorth, FL 33467