

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90165 033 ***150.00

DOCUMENT # **P 96000066958**

1. Entity Name

SOFTCALC, INC

DO NOT WRITE IN THIS SPACE

656429

2. Principal Place of Business

137 E. BUID DR

Suite, Apt. #, etc.

3. Mailing Address

137 E BUID DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY BISCAYNE, FL

City & State

KEY BISCAYNE, FL

4. FEI Number

65-0695875

Applied For

Not Applicable

Zip

33149

Country

USA

Zip

33149

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

PETER HOFFMANN

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

137 E BUID DR

City

KEY BISCAYNE

FL

Zip Code

33149

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PO**
NAME **PETER HOFFMANN**
STREET ADDRESS **137 E BUID DR**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VO**
NAME **PETER A. HOFFMANN**
STREET ADDRESS **137 E BUID DR**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VO**
NAME **ERIKA HOFFMANN**
STREET ADDRESS **137 E BUID DR**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PETER HOFFMANN

4/8/02

3053616257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)