

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90194 013 ***150.00

DOCUMENT # P96000066958

1. Entity Name
SOFTCALC, INC.



Principal Place of Business
**137 E. ENID DRIVE
KEY BISCAVNE FL 33149**

Mailing Address
**137 E. ENID DRIVE
KEY BISCAVNE FL 33149**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0695875**

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

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, PETER
137 E. ENID DRIVE
KEY BISCAVNE FL 33149**

Name **Erika Hoffmann**

Street Address (P.O. Box Number is Not Acceptable)
137 East Enid 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-15-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMANN, PETER 137 E ENID DR KEY BISCAVNE FL 33149 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMANN, PETER A 137 E ENID DR KEY BISCAVNE FL 33149 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMANN, ERIKA 137 E ENID DR KEY BISCAVNE FL 33149 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Erika Hoffmann 137 East Enid Dr. KEY BISCAVNE, FL. 33149 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Peter A. Hoffmann 137 East Enid Dr. KEY BISCAVNE, FL 33149 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Paul E. Hoffmann 137 East Enid Dr. KEY BISCAVNE, FL. 33149 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

01-15-2003

305 361 6257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #