

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010359

1. Entity Name

BUEMAN, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90001 030 ***150.00

Principal Place of Business

Mailing Address

~~2500 TAMiami TRAIL N. #112~~
~~NAPLES FL 34103~~

~~2500 TAMiami TRAIL N. #112~~
~~NAPLES FL 34103-4421~~

2. Principal Place of Business

6425 ESTERO Blvd.

3. Mailing Address

6425 ESTERO Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS BEACH, FL.

City & State

FT. MYERS BEACH, FL.

Zip

33931

Country

LEE

Zip

33931

Country

LEE

4. FEI Number

65-0724969

Applied For

Not Applicable

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

HOFFMAN, HARVEY B
~~2500 TAMiami TRAIL N. #112~~
~~NAPLES FL 34103~~

Name

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

6425 ESTERO Blvd.

City

FT. MYERS BEACH

FL

Zip Code

33931

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HOFMAN, HARVEY B
CITY-ST-ZIP 2500 TAMiami TRAIL N. #112
NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS HOFFMAN, SHARON B
CITY-ST-ZIP 2500 TAMiami TRAIL N. #112
NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)