

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90021 050 \*\*\*150.00

**DOCUMENT # P97000010359**

1. Entity Name  
**BUEMAN, INC.**

Principal Place of Business

Mailing Address

~~6425 ESTERO BLVD~~  
~~FORT MYERS BEACH FL 33931~~

~~6425 ESTERO BLVD~~  
~~FORT MYERS BEACH FL 33931~~

2. Principal Place of Business

3. Mailing Address

**4851 TAMiami Trail No.**

**4851 TAMiami Trail No.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**400**

**400**

City & State

City & State

**NAPLES, Florida**

**NAPLES, Florida**

Zip

Country

Zip

Country

**34103**

**USA**

**34103**

**USA**

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**  
**6425-ESTERO-BLVD**  
**FORT MYERS BEACH FL 33931**

Name

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

**4851 TAMiami Trail No**

**Suite 400**

City

**NAPLES**

**FL**

Zip Code

**34103**

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]*

**1/29/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>HOFMAN, HARVEY B</b>           |                                 |
| STREET ADDRESS | <b>2500 TAMiami TRAIL N. #112</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL 34103</b>            |                                 |
| TITLE          | <b>STD</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>HOFFMAN, SHARON B</b>          |                                 |
| STREET ADDRESS | <b>2500 TAMiami TRL N, #112</b>   |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL 34103</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    |                                   |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| 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    |                                                                   |
| 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/01 (941) 765-1121**

Date

Daytime Phone #

CR2E034 (10/00)