

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90025 044 ***150.00

DOCUMENT # P97000010359

1. Entity Name
BUEMAN, INC.

Principal Place of Business
4851 TAMiami TRAIL NORTH
#400 H 300
NAPLES FL 34103

Mailing Address
4851 TAMiami TRAIL NORTH
#400 H 300
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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
4851 TAMiami TRAIL NORTH
SUITE #400 300
NAPLES FL 34103

Name

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

Suite 300

City

FL

Zip Code

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]

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, 2002 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 **D** ☐ Delete
NAME **HOFMAN, HARVEY B**
STREET ADDRESS **2500 TAMiami TRAIL N. #112**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Change ☐ Addition
NAME **HOFFMAN, HARVEY B.**
STREET ADDRESS **216 GADSDENWAY SOUTH**
CITY-ST-ZIP **NAPLES, FL. 34105**

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

TITLE **STD** ☒ Change ☐ Addition
NAME **HOFFMAN, SHARON B.**
STREET ADDRESS **216 GADSDENWAY SOUTH**
CITY-ST-ZIP **NAPLES, FL. 34105**

TITLE ☐ Delete
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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

Date

Daytime Phone #

1/11/02 (941) 430-8100

CP2E034 (9/01)