

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90022 009 ***150.00

DOCUMENT # P97000082576

1. Entity Name

HOFFMAN, YATES & ASSOCIATES, INC.

Principal Place of Business

**5424 LEEWARD LANE
 SUITE 100
 NEW PORT RICHEY FL 34652
 US**

Mailing Address

**5424 LEEWARD LANE
 SUITE 100
 NEW PORT RICHEY FL 34652
 US**

2. Principal Place of Business

18707 MONTEVERDE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

18707 MONTEVERDE DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

4. FEI Number

59-3470398

Applied For

Not Applicable

Zip

34610

Country

USA

Zip

34610

Country

34610

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, DANIEL Y
 5424 LEEWARD AVE
 SUITE 100
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name

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

18707 MONTEVERDE DRIVE

City

BROOKSVILLE

FL

Zip Code

34610

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, 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

TITLE **D** ☐ Delete
 NAME **HOFFMAN, DANIEL Y**
 STREET ADDRESS **5424 LEEWARD LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **HOFFMAN, DANIEL Y**
 STREET ADDRESS **18707 MONTEVERDE DRIVE**
 CITY-ST-ZIP **BROOKSVILLE, FL 34610**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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 another like empowered.

SIGNATURE: **DANIEL Y. HOFFMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

727-856-7644

Daytime Phone #

CR2E034 (9/01)