

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90182 001 \*\*\*150.00

**DOCUMENT # P98000039967**

1. Entity Name  
**GOLD LEAF CARE SYSTEMS, INC.**

Principal Place of Business

**13625 WOODWARD DRIVE  
HUDSON FL**

Mailing Address

**13625 WOODWARD DRIVE  
HUDSON FL**

2. Principal Place of Business

**6402 INDIAN ROCK CT  
Suite, Apt. #, etc.**

3. Mailing Address

**6402 INDIAN ROCK CT  
Suite, Apt. #, etc.**

City & State

**SPRING HILL**

City & State

**SPRING HILL**

4. FEI Number

**59-3511714**

Applied For

Not Applicable

Zip **34606**

Country **USA**

Zip **34606**

Country **USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOFFMAN, SHIRLEY L  
13625 WOODWARD DRIVE  
HUDSON FL**

7. Name and Address of New Registered Agent

Name **HOFFMAN, SHIRLEY L**  
Street Address (P.O. Box Number is Not Acceptable) **6402 INDIAN ROCK CT**  
City **SPRING HILL** FL Zip Code **34606**

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 *Shirley L. Hoffman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 17, 2012*

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, SHIRLEY L</b>	
STREET ADDRESS	<b>P.O. BOX 1023</b>	
CITY-ST-ZIP	<b>HUDSON FL 34673-1023</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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMAN, SHIRLEY L</b>	
STREET ADDRESS	<b>6402 INDIAN ROCK CT</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34606</b>	
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: *Shirley L. Hoffman* **REQUIRE Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)