

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90058 016 ***150.00

DOCUMENT # P98000093070

1. Entity Name
ROBERT B. HOFFMAN LIMITED, INC.



Principal Place of Business

P.O. BOX 07132

FT. MYERS FL 33919

Mailing Address

P.O. BOX 07132

FT. MYERS FL 33919

2. Principal Place of Business

10189 IDLE PINE LANE

Suite, Apt. #, etc.

Bonita SPRINGS FL

City & State

3. Mailing Address

10189 IDLE PINE LANE

Suite, Apt. #, etc.

Bonita SPRINGS FL

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0873130**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, ROBERT B

8908 BANYAN COVE CIRCLE

FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name

New address

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

10189 IDLE PINE LANE

City

Bonita Springs

FL

Zip Code

34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMAN, ROBERT B	
STREET ADDRESS	8908 BANYAN COVE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOFFMAN, CATHERINE H	
STREET ADDRESS	8908 BANYAN COVE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10189 IDLE PINE LANE
CITY-ST-ZIP	Bonita SPRINGS, FL 34135
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10189 IDLE PINE LANE
CITY-ST-ZIP	Bonita SPRINGS, FL 34135
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 supplementary 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 10 or Block 11 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 #

3-503 239-949-1844

CR2E034 (10/02)