## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR

P9900002435 DOCUMENT #

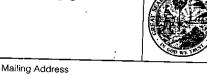
PAUL HOFMEISTER, P.A.

Principal Place of Business

13232 LITTLE FARMS DRIVE

2. Principal Place of Business

SPRING HILL FL 34609



5342 LEGEND HILLS LANE

**BROOKSVILLE FL 34609** 

3. Mailing Address

FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90220 040 \*\*\*150.00



DATE

Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHANGES			
							4. FEI Number 59-355 1040 Applied For
				Zip	Country	Zip	Count
		ı y	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		
HOFMEISTER, HENRY P 5342 LEGEND HILLS LANE BROOKSVILLE FL 34609			-	Street Address (P.O. Box Number is Not Acceptable)			
8. The above name	ed entity submits this stateme	nt for this		City		FL Zip Code	
the obligations of SIGNATURE _	of registered agent.	in for the purpose of changir	ng its registered	d office or regist	tered agent, or both, in the State of Florida.	am familiar with, and accept	
	ure, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered 4	Agent signature mouis			

(NOTE: Registered Agent signature required when reinstating)

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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE HOFMEISTER, HENRY P NAME ☐ Addition NAME STREET ADDRESS 5432 LEGEND HILLS LANE STREET ADDRESS **BROOKSVILLE FL 34609** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE AME ☐ Change ☐ Addition NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(10/02)CR2E034