

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90003 007 ***150.00

DOCUMENT # P99000013905

1. Entity Name
THE HOFFMAN GROUP, INC.

Principal Place of Business 1001 N US HWY ONE STE 401 JUPITER FL 33477	Mailing Address 1001 N US HWY ONE STE 401 JUPITER FL 33477
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00003843



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0895167		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HOFFMAN, RICHARD J 1001 N US HWY ONE STE 401 JUPITER FL 33477				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VSTD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HOFFMAN, RICHARD J		NAME	CABOT W LORD, V.P./SECY/TREAS			
STREET ADDRESS	1001 N US HWY ONE STE 661		STREET ADDRESS	3070 SW MAPP ROAD			
CITY-ST-ZIP	JUPITER FL 33477		CITY-ST-ZIP	PALM CITY, FL 34990			
TITLE	VSTD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GREEN, CARLA		NAME	ROBERT L LORD, SR., V.P.			
STREET ADDRESS	3592 SE LEONARD LANE		STREET ADDRESS	3070 S.W. MAPP ROAD			
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	PALM CITY, FL 34990			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: *Richard J Hoffman* DATE: *1/9/01* DAYTIME PHONE #: *5615759500*

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CR2E034 (10/00)