

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000024606

1. Entity Name
 HOFF DESIGN CONCEPTS, INC.

Principal Place of Business 5636 14 AVE NORTH ST PETERSBURG FL 33710	Mailing Address 5636 14 AVE NORTH ST PETERSBURG FL 33710
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2. Principal Place of Business 220 6TH AVE. NORTH	3. Mailing Address 200 2ND AVE. SOUTH
Suite, Apt. #, etc. #6	Suite, Apt. #, etc. #448

City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
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Zip 33701	Country US	Zip 33701	Country US
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4. FEI Number 59-3571006	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOFF ELIZABETH
 5636 14 AVE NORTH
 ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name HOFF ELIZABETH
Street Address (P.O. Box Number is Not Acceptable) 220 6TH AVE. NORTH
#6
City ST PETERSBURG FL Zip Code 33701

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 **ELIZABETH HOFF**

04/14/2000

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T.TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S HOFF ELIZABETH 220 6TH AVE. NORTH, #6 ST. PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T.TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V HOFF ELIZABETH 220 6TH AVE. NORTH, #6 ST. PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Elizabeth Hoff

04/14/2000