

FILED
Apr 04, 2008 08:00 AM
Secretary of State

1. Entity Name
ANTHONY R. HOSKINS, P.A.



Mailing Address
7518 S.W. 7TH COURT
NORTH LAUDERDALE, FL 33068



DO NOT WRITE IN THIS SPACE

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

HOSKINS, ANTHONY R
7518 S.W. 7TH COURT
NORTH LAUDERDALE, FL 33068

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE.

DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

\$5.00 May Be
Added to Fees

TITLE	P
NAME	HOSKINS, ANTHONY
STREET ADDRESS	7518 SW 7TH CT
CITY-ST-ZIP	POMPANO BEACH, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE * * *
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: William R. Hoskins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #