

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42933

1. Entity Name

VIRGINIA HOFFMAN STUDIO, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90057 033 ***150.00

00017618



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 2712
SARASOTA FL 34230-2712

Mailing Address

P.O. BOX 2712
SARASOTA FL 34230-2712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3059725

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEKETON, MELVIN J.
7354 ROSEMONT DR
ENGLEWOOD FL 34224

*SAME AGENT
new address*

7. Name and Address of New Registered Agent

Name *Melvin J. Meketon*
Street Address (P.O. Box Number is Not Acceptable) *12582 Hawthorne St.*
SARASOTA FLA
City *SARASOTA* State *FL* Zip *34239*

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 *Melvin J. Meketon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] *13 Feb 01*

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMAN, VIRGINIA	
STREET ADDRESS	P.O. BOX 2712 N/A	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Virginia Hoffman* *2-13-01* *941-365-7400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0407669

CR2E034 (10/00)