

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

0045753 AV

03-05-2002 90020 009 \*\*\*150.00

<b>DOCUMENT # V12291</b>			
1. Entity Name <b>CARL HOFFMAN, INC.</b>			
Principal Place of Business <b>564 E BAYSHORE DR ST. GEORGE ISLAND ST GEORGE ISLAND FL 32328 US</b>		Mailing Address <b>564 E BAYSHORE DR ST. GEORGE ISLAND ST GEORGE ISLAND FL 32328 US</b>	
2. Principal Place of Business <b>25 Island Dr.</b>		3. Mailing Address <b>25 Island Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Eastpoint FL</b>		City & State <b>Eastpoint FL</b>	
Zip <b>32328</b>	Country <b>U.S.A.</b>	Zip <b>32328</b>	Country <b>U.S.A.</b>
4. FEI Number <b>59-3105056</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>FOREHAND, WALTER E. MYERS &amp; FOREHAND 402 N. OFFICE PLAZA DR., SUITE B TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P HOFFMAN, CARLOS A JR 564 E BAYSHORE DR ST GEORGE ISLAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <b>SIGNATURE REQUIRED</b>		Date <b>1/30/02</b> Daytime Phone # <b>850 670 1313</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/01)