

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41275

1. Entity Name

DAVID B. HIPSMAN, C.P.A., P.A.

Principal Place of Business

915 ALAVA AVE.
CORAL GABLES FL 33146

Mailing Address

915 ALAVA AVE.
CORAL GABLES FL 33134-7539

2. Principal Place of Business

625 BALTIMORE WAY
Suite, Apt. #, etc.
1206

3. Mailing Address

625 BALTIMORE WAY
Suite, Apt. #, etc.
1206

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

Zip
33134

Country
USA

Zip
33134

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0336505

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIPSMAN, DAVID B.
915 ALAVA AVENUE
CORAL GABLES FL 33146

Name HIPSMAN, DAVID B.

Street Address (P.O. Box Number is Not Acceptable)
625 BALTIMORE WAY
#1206

City CORAL GABLES, FL Zip Code 33134

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

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 DP
NAME HIPSMAN, DAVID B.
STREET ADDRESS 915 ALAVA AVE.
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE DP
NAME HIPSMAN, DAVID B.
STREET ADDRESS 625 BALTIMORE WAY #1206
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. HIPSMAN

4/24/2000 (305) 447-2255
Date Daytime Phone #

CR2E034 (9/99)