

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90005 011 \*\*\*550.00

**DOCUMENT # F99000001093**

1. Entity Name

**HOPPMANN CORPORATION**

Principal Place of Business  
**15395 JOHN MARSHALL HWY**  
**HAYMARKET VA 20169**

Mailing Address  
**15395 JOHN MARSHALL HWY**  
**HAYMARKET VA 20169**

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 **54-0600112**

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

**CADIGAN, BRIAN**  
**3465 GULF COAST DRIVE**  
**HERNANDO BEACH FL 34607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
PCD  
HOPPMANN, PETER G  
14560 LEE ROAD  
CHANTILLY VA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~SAME~~ CD  
15395 JOHN MARSHALL HWY  
HAYMARKET VA 20169 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
FLANAGAN, MARK J  
14560 LEE ROAD  
CHANTILLY VA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~SAME~~ PD  
15395 JOHN MARSHALL HWY  
HAYMARKET VA 20169 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EGAN, THOMAS M  
14560 LEE ROAD  
CHANTILLY VA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SAME  
15395 JOHN MARSHALL HWY  
HAYMARKET VA 20169 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/01  
 Date

703-753-8888  
 Daytime Phone #

CR2E034 (5/01)