

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90828 026 ***150.00

DOCUMENT # P99000016414

1. Entity Name

HOFSTAD CAPITAL INC.

Principal Place of Business

**3000 N OCEAN DR. #38-C
SINGER ISLAND FL 33404**

Mailing Address

**3000 N OCEAN DR. #38-C
SINGER ISLAND FL 33404**

2. Principal Place of Business

1200 TOWN CENTER DR.

Suite, Apt. #, etc.

SUITE 111

3. Mailing Address

Suite, Apt. #, etc.

SAMECity & State **JUPITER, FL**

City & State

Zip **33458**

Country

USA

Zip

Country

4. FEI Number **65-0918744**

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

**SHANNON, JODI A
6322 POMPANO STREET
PALM BEACH GARDENS FL 33418**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	HOFSTAD, CURTIS E									
	3000 N OCEAN DR. #38-C									
	SINGER ISLAND FL 33404									
	VS			<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HOFSTAD, CAROLYN J									
	3000 N. OCEAN DR. #38 C									
	SINGER ISLAND FL 33404									
	VT			<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SHANNON, JODI A									
	6322 POMPANO ST.									
	JUPITER FL 33458									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)