

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90208 009 \*\*\*150.00

**DOCUMENT # P99000016414**

1. Entity Name  
**HOFSTAD CAPITAL INC.**

Principal Place of Business

**1200 TOWN CENTER DR  
 SUITE 111  
 JUPITER FL 33458**

Mailing Address

**1200 TOWN CENTER DR  
 SUITE 111  
 JUPITER FL 33458**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**P.O. BOX 9123**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 9123**

Suite, Apt. #, etc.

City & State  
**JUPITER, FL**

Zip  
**33468**

Country

City & State  
**JUPITER, FL**

Zip  
**33468**

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

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

7. Name and Address of New Registered Agent

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD  
 HOFSTAD, CAROLYN J  
 501 LAKE SHORE DR APT 401  
 LAKE PARK FL 33403** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD  
 SHANNON, JODI A  
 6322 POMPANO ST.  
 JUPITER FL 33458** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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☐ 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:

**SHANNON, JODI A**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-24-02 561-775-2615**

CR2E034 (9/01)