

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90003 002 \*\*\*150.00

**DOCUMENT # 481104**

1. Entity Name  
**GEORGE HUDSON FOODS, INC.**

Principal Place of Business <b>1207 W. DUVAL ST.          LAKE CITY FL 32055</b>	Mailing Address <b>PO BOX 2469          LAKE CITY FL 32056-2469          US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-1604182</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEROSIA, DALE W.  
 2900 E. BAYA AVENUE  
 LAKE CITY FL 32025**

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HUDSON, GEORGE H. JR</b> <b>P. O. BOX 2429 N/A</b> <b>LAKE CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HUDSON, GEORGE H., SR.</b> <b>P. O. BOX 2469 N/A.</b> <b>LAKE CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DEROSIA, DALE W</b> <b>2900 E BOYA AVE</b> <b>LAKE CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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 all other individuals empowered.

SIGNATURE: \_\_\_\_\_ **2/15/00** **904758938**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*

CR2E034 (9/99)