

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 632327**

1. Entity Name

**HUDSON PUMP & EQUIPMENT ASSOCIATES, INC.**Principal Place of Business  
**3524 CRAFTSMAN BOULEVARD  
LAKELAND FL 33803**Mailing Address  
**3524 CRAFTSMAN BOULEVARD  
LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1928098**

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

**HUDSON, ROBERT P.  
3524 CRAFTSMAN BLVD.  
LAKELAND FL 33803**

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	<input type="checkbox"/> Delete
	DST			
	HUDSON, GEORGE R.	924 CAMELOT LA	LAKELAND FL 33813	
	DV			
	HUDSON, ROSEMARY P.	924 CAMELOT LA	LAKELAND FL 33813	
	P			
	HUDSON, ROBERT P.	2770 LK ELOISE DR W	WINTER HAVEN FL 33813	

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

863-665-7867

Daytime Phone #

0378083

CR2E034 (10/00)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90350 001 \*\*\*317.50



DO NOT WRITE IN THIS SPACE