## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # F98000003100 HUDSON'S DIRT CHEAP, INC. 03-21-2000 90090 049 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 711 PO BOX 711 HATTIESBURG MS 39403-0711 HATTIESBURG MS 39403 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 64-0905809 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C-T-CORPORATION-SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PCD Change Addition TITI F TITLE ☐ Delete HUDSON JR, BILL NAME NAME STREET ADDRESS 21 ST ANDREWS STREET ADDRESS CITY-ST-ZIP HATTIESBURG MS 39402 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HUDSON, BEN L NAME STREET ADDRESS STREET ADDRESS 3 TURKEY TROTT RD CITY-ST-ZIP CITY-ST-ZIP **PURVIS MS 39475** Addition ☐ Delete Change TITLE PREUSCH, RICHARD W NAME STREET ADDRESS STREET ADDRESS **104 LEE CIRCLE** CITY-ST-ZIP CITY-ST-ZIP HATTIESBURG MS 39402 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 acquirate 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 true 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 pier like expowered.

SIGNATURE:

TONING OFFICER OR DIRECTOR

) 5 / Zensy 60) 268 - 755.
Date / Daytime Phone #