

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99391

FILED
May 01, 2003
Secretary of State

Entity Name: H.H. HUDSON AND SONS, INC.

Current Principal Place of Business:

5879 NW CNTY HWY 326
OCALA, FL 34482

New Principal Place of Business:

5879 W. HWY 326
OCALA, FL 34482

Current Mailing Address:

PO BOX 5640
OCALA, FL 344785640 US

New Mailing Address:

FEI Number: 59-2489849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, HENRY HAYES III
3450 N.W. 60TH ST.
OCALA, FL 34475 US

Name and Address of New Registered Agent:

HUDSON, HENRY HAYES III
5500 SE 17TH ST
OCALA, FL 34471 US

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: MARTHA HUDSON

05/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: HUDSON, MARTHA
Address: 3450 NW 60TH ST.
City-St-Zip: OCALA, FL 34475

Title: P () Delete
Name: HUDSON, HENRY HAYES III
Address: 3450 NW 60TH ST.
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA HUDSON

VPS

05/01/2003

Electronic Signature of Signing Officer or Director

Date