2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J51683 **DOCUMENT #**

1. Entity Name

DOROTHY A. HUDSON, CHARTERED



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90712 001 ***300.00

Principal Place of Business 2903 CARDINAL DR VERO BEACH FL 32963 US			Mailing Address 2903 CARDINAL DR VERO BEACH FL 32963 US									
2. Principal Place of Business			3. Mailing Address						IQIDO XIIX DIDII BIX	JIA BIBIL BEBEL BI	011 44411 1004	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	FEI Number 59-277348	30	<u> </u>	plied For t Applicable	
Zip Country		Zip		Coun	Country		5. Certificate of Status Desired S8.75 Addition Fee Required					
	6. Name	and Address of Curren	t Registered A	gent	-		7.	Name and Address of Nev	v Registered A	gent		
		· · · · · · · · · · · · · · · · · · ·				Name						
HUDSON, DOROTHY A. 2903 CARDINAL DR				·			Street Address (P.O. Box Number is Not Acceptable)					
VERO BEA	ACH FL 329	963				City			FL	Zip Cod	e	
8. The above the obligat	named entit tions of regis	y submits this statement f tered agent.	for the purpose	of changing its	registere	ed office or r	egistered a	gent, or both, in the State of	Florida. [am 1	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if applicab	ie. (NOTE	E: Registere	d Agent signature	a required when	reinstating)	DATE			
🦸 After	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State					9. Election Campaign Trust Fund Contribe			0 May Be d to Fees	
10.		OFFICERS ANI		 -	11.		Α	DDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
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TITLE NAME		DOROTHY A.		□ Delete	NAM							
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NAME	!				NAM	AE .			e , *•			
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CITY-ST-ZIP	 	<u> </u>					**			☐ Change	Addition	
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NAME					NAM STR	ME REET ADDRESS						
STREET ADDRESS						Y-ST-ZIP						
CITY-ST-ZIP		<u> </u>	tale alone different			1	ed in Section	n 119.07(3)(i), Florida Statu	tes. I further ce	rtify that the	information	
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I mereov 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 10 or Block 11 if changed, or on an attachment with an address, with all other like appropried.

SIGNATURE: