

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90163 048 \*\*\*\*61.25

**DOCUMENT # N47028**

1. Entity Name

**HUDSON SEAFEST INC.**



Principal Place of Business

**14401 BIRCH ST  
HUDSON FL 34667  
US**

Mailing Address

**PO BOX 5055  
HUDSON FL 34647  
US**

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 **59-3160106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ISAACSON, JOHN  
6827 AMBERJACK LN  
HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

18. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEYER, A L</b>	
STREET ADDRESS	<b>14401 BIRCH ST</b>	
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCART, CRAIG</b>	
STREET ADDRESS	<b>5640 MAIN ST</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUDDAY, JIM</b>	
STREET ADDRESS	<b>7818 HANCOCK ST</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ISAACSON, JOHN</b>	
STREET ADDRESS	<b>6827 AMBER JACK LN</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STOREY, TIM</b>	
STREET ADDRESS	<b>8432 DELAWARE DR</b>	
CITY-ST-ZIP	<b>SPRINGHILL FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>STAGLIANO, JOSEPH</b>	
STREET ADDRESS	<b>9001 SR 52</b>	
CITY-ST-ZIP	<b>HUDSON FL 34669</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDY VINCENT</b>	
STREET ADDRESS	<b>12021 ALTOONA DR.</b>	
CITY-ST-ZIP	<b>HUDSON, FLA. 34669</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENISE ISAACSON</b>	
STREET ADDRESS	<b>6827 AMBER JACK LN.</b>	
CITY-ST-ZIP	<b>HUDSON FLA. 34667</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JON CRAWFORD</b>	
STREET ADDRESS	<b>7632 NEW JERSEY AVE</b>	
CITY-ST-ZIP	<b>HUDSON, FLA. 34667</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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 empowered.

SIGNATURE:

*Joseph S. Stagliano*  
**Joseph S. Stagliano**

**1/29/03 727-868-3433**

CR2E037 (10/02)