

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033156

1. Entity Name

HUDSON AUTO SALES, INC.

Principal Place of Business

12016 SOUTH ROAD
HUDSON FL 34669

Mailing Address

12016 SOUTH ROAD
HUDSON FL 34669

2. Principal Place of Business

14728 US Hwy 19

3. Mailing Address

7826 RHODES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SKITE 5

City & State

HUDSON FL

City & State

HUDSON FL

Zip

34667

Country

USA

Zip

34667

Country

USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE PD
NAME BOLTPN, JERRY W
STREET ADDRESS 12016 SOUTH ROAD
CITY-ST-ZIP HUDSON FL 34669

TITLE VD
NAME MCLEOD, JEFFREY D
STREET ADDRESS 12016 SOUTH ROAD
CITY-ST-ZIP HUDSON FL 34669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 7826 RHODES RD STE 5
CITY-ST-ZIP HUDSON FL 34667

TITLE
NAME
STREET ADDRESS 7826 RHODES RD STE 5
CITY-ST-ZIP HUDSON FL 34667

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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

JERRY BOLTON

Date

4/30/01

Daytime Phone #

(321) 869-8479

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90065 016 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)