

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90020 030 ***150.00

DOCUMENT # P00000033156

1. Entity Name

HUDSON AUTO SALES, INC.

Principal Place of Business

14278 US HWY 19
 HUDSON FL 34667

Mailing Address

7826 RHODES ROAD STE 5
 HUDSON FL 34667

2. Principal Place of Business

14728 US HWY 19

3. Mailing Address

14728 US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

HUDSON FL

Zip

34667

Country

USA

Zip

34667

Country

USA

4. FEI Number

02-0574032

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME BOLTPN, JERRY W
 STREET ADDRESS 7826 RHODES ROAD STE 5
 CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE PD
 NAME BOLTON, JERRY W ☒ Change ☐ Addition
 STREET ADDRESS 14728 US HWY 19
 CITY-ST-ZIP HUDSON FL 34667

TITLE VD
 NAME MCLEOD, JEFFREY D
 STREET ADDRESS 7826 RHODES ROAD STE 5
 CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE VD
 NAME MCLEOD, JEFFREY D ☒ Change ☐ Addition
 STREET ADDRESS 14728 US HWY 19
 CITY-ST-ZIP HUDSON FL 34667

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY BOLTON 4-23-02 (272) 869-8479

Date

Daytime Phone #

CR2E034 (9/01)