

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90058 014 ***150.00

DOCUMENT # P01000019894

1. Entity Name
E. HUDSON & ASSOCIATES, INC.

Principal Place of Business

**PO BOX 7070
 JUPITER FL 33468**

Mailing Address

**PO BOX 7070
 JUPITER FL 33468**

2. Principal Place of Business

1101 Seafarer Cir

Suite, Apt. #, etc.

303

3. Mailing Address

PO Box 7070

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

4. FEI Number

65 1077194

Applied For

Not Applicable

Zip

33477

Country

Belm Brook

Zip

33468

Country

Belm Brook

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

EDDIE HUDSON

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

1101 Seafarer Cir A 303

City

Jupiter

FL

Zip Code

33477

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 **EDDIE HUDSON, Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.8.02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, EDDIE L	
STREET ADDRESS	PO BOX 7070	
CITY-ST-ZIP	JUPITER FL 33468	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, BARBARA J	
STREET ADDRESS	PO BOX 7070	
CITY-ST-ZIP	JUPITER FL 33468	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.8.02
 Date

561 799 2680
 Daytime Phone #

CR2E034 (9/01)