

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91389 050 ***150.00

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1. Entity Name

E. HUDSON & ASSOCIATES, INC.



Principal Place of Business

1101 SEAFORM CIR.
303
JUPITER FL 33477

Mailing Address

PO BOX 7070
JUPITER FL 33468

2. Principal Place of Business

1101 SEAFARER Cir
Suite, Apt. #, etc.
303

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Jupiter RI
Zip 33477 Country 2184

City & State

Zip Country

4. FEI Number

65-1077194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

90110701



6. Name and Address of Current Registered Agent

HUDSON, EDDIE
1101 SEAFARER DR. A-303
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name EDDIE HUDSON
Street Address (P.O. Box Number is Not Acceptable)
1101 SEAFARER Cir
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. 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

4.23.03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUDSON, EDDIE L
STREET ADDRESS PO BOX 7070
CITY-ST-ZIP JUPITER FL 33468 ☐ Delete

TITLE D
NAME HUDSON, BARBARA J
STREET ADDRESS PO BOX 7070
CITY-ST-ZIP JUPITER FL 33468 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4.23.03 561 755 2688

CR2E034 (10/02)