

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 91515 049 ***150.00

DOCUMENT # P01000020644

1. Entity Name

Hudson Signs, Inc.

DO NOT WRITE IN THIS SPACE

10089901

2. Principal Place of Business
4159 Vanern Way
Suite, Apt. #, etc.

3. Mailing Address
4159 Vanern Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Kissimmee, Florida
Zip
34746

City & State
Kissimmee, Florida
Zip
34746

4. FEI Number
59-3733502

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Cohn, Scott E
Street Address (P.O. Box Number is Not Acceptable)
315 S. E. 7th St.
Second Floor
City
Ft. Lauderdale **FL** **Zip Code**
33301

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
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
NAME
Dunnett, Brian
STREET ADDRESS
4159 Vanern Way
CITY - ST - ZIP
Kissimmee, Florida 34746

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *C.A. Dunnett* **C.A. DUNNETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 **407 933 5742**

Date **Daytime Phone #**