FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91412 049 ***158.75

DOCUMENT # P01000104581

1. Entity Name
HUDSTAR SYSTEMS, INC.

11040102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1860 OLD OKEECHOBEE RD.	1860 OLD OKEECHOBEE RD.
Suite, Apt. #, etc. SUITE 511	Suite, Apt. #, etc. SUITE 511
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33409 Country	Zip 33409 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1150061 ☐ 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 SCHOLIN CHRISTIAN N.

Street Address (P.O. Box Number is Not Acceptable)
505 SOUTH FLAGLER DRIVE, SUITE 400

City WEST PALM BEACH FL Zip Code 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 JAAKKO SARVELA STREET ADDRESS 1860 OLD OKEECHOBEE RD. CITY-ST-ZIP WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME TOM KUUTTI STREET ADDRESS 1860 OLD OKEECHOBEE RD. CITY-ST-ZIP WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME VESA ANTTILA STREET ADDRESS 1860 OLD OKEECHOBEE RD. CITY-ST-ZIP WEST PALM BEACH, FL 33409	NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE **IN THIS SPACE** NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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

SIGNATURE: Tom Kuutti Tom Kuutti, DIRECTOR 4/30/03 561-712-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Telephone Number