

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90086 012 ***158.75

DOCUMENT # P: 01000105141

1. Entity Name

HUDSON MANAGEMENT CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
140 CONRAD CT.3. Mailing Address
140 CONRAD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINTER PARK, FLCity & State
WINTER PARK, FL4. FEI Number
59-3760830Applied For
Not ApplicableZip
32789Country
ORANGEZip
32789Country
ORANGE5. Certificate of Status Desired ☒ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOSEPH SCOTT HUDSONStreet Address (P.O. Box Number is Not Acceptable)
140 CONRAD CT.City
WINTER PARK, FL Zip Code
32789

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 \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT, V, S, & D
JOSEPH SCOTT HUDSON
140 CONRAD CT. WINTER PARK FL
32789TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALLISON HUDSON
140 CONRAD CT. WINTER PARK FL
32789TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
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CITY - ST - ZIPDO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH SCOTT HUDSON, PRESIDENT

4-29-02

Date

Daytime Phone #

CR2E034B (12/01)