

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000122204**

1. Entity Name

R&J OF HUDSON, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90196 003 ***550.00

Principal Place of Business

9408 SCOT ST
HUDSON FL 34669

Mailing Address

9408 SCOT ST
HUDSON FL 34669

2. Principal Place of Business

9408 SCOT ST

Suite, Apt. #, etc.

3. Mailing Address

9408 SCOT ST

Suite, Apt. #, etc.

City & State

Hudson, FL

Zip

34669

Country

USA

City & State

Hudson, FL

Zip

34669

Country

USA

4. FEI Number

26-0006085

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMSON, JULIE A
9408 SCOT ST
HUDSON FL 34669

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **WILLIAMSON, JULIE A**
STREET ADDRESS **9408 SCOT ST**
CITY-ST-ZIP **HUDSON FL 34669**TITLE **D** ☐ Delete
NAME **WILLIAMSON, RODERICK F IV**
STREET ADDRESS **9408 SCOT ST**
CITY-ST-ZIP **HUDSON FL 34669**TITLE **D** ☐ Delete
NAME **BISHOP, JOHN L I**
STREET ADDRESS **9408 SCOT ST**
CITY-ST-ZIP **HUDSON FL 34669**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE OF JULIE A WILLIAMSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02 727-862-4232

CR2E034 (4/02)