

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90083 001 ****37.50
04-07-2005 90083 002 ****37.50
04-07-2005 90083 003 ****37.50
04-07-2005 90083 004 ****37.50

DOCUMENT # P02000064016

1. Entity Name
HUDSON STORAGE INVESTMENTS, INC.



Principal Place of Business **1850 SE 17th St.** Mailing Address **1850 SE 17th St.**
1080 SE 3RD AVE. Suite 300 **1080 SE 3RD AVE. Suite 300**
FORT LAUDERDALE, FL 33316 **FORT LAUDERDALE, FL 33316**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0722643** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WRIGHT, PETER
1080 SE 3RD AVE. Suite 300
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, HARRIS W 1080 SE 3RD AVE. 1850 S.E. 17th St, Suite 300 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSON, STEVEN W 1080 S.E. 3RD AVE. 1850 SE, 17th St, Suite 300 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, PETER W 1080 S.E. 3RD AVE. 1850 S.E. 17th St, Suite 300 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUDSON, HOLLY J 1080 S.E. 3RD AVE. 1850 S.E. 17th St, Suite 300 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: **Peter W. Wright**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05 **954-356-5800**
Date Daytime Phone #