

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

DOCUMENT # P02000064016

1. Entity Name
HUDSON STORAGE INVESTMENTS, INC.



Principal Place of Business
1850 SE 17TH ST
STE 300
FORT LAUDERDALE, FL 33316

Mailing Address
1850 SE 17TH ST
STE 300
FORT LAUDERDALE, FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

WRIGHT, PETER
1850 SE 17TH ST STE 300
FORT LAUDERDALE, FL 33316

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HUDSON, HARRIS W
STREET ADDRESS 1850 SE 17TH ST STE 300
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE VD ☐ Delete
NAME HUDSON, STEVEN W
STREET ADDRESS 1850 SE 17TH ST STE 300
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE TD ☐ Delete
NAME WRIGHT, PETER W
STREET ADDRESS 1850 SE 17TH ST STE 300
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE SD ☐ Delete
NAME HUDSON, HOLLY J
STREET ADDRESS 1850 SE 17TH ST STE 300
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter W. Wright

3/21/06

Date

954-356-5800

Daytime Phone #