

Amended

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

07-09-2003 90043 029 ****70.00
P02000077856

03 JUL 15 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000077856

1. Entity Name

Hudson's Baled Pine Straw, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21653 W. Shekinah Place

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

O'Brien, Florida

City & State

4. FEI Number

01-0737492

Applied For

Not Applicable

Zip
32071

Country

Swansee

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephen C. Bullock

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

116 NW Columbia Avenue

City

Lake City

FL

Zip Code

32055

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Glenda Sue Hudson
21653 W. Shekinah Place
O'Brien, FL 32071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Millicent Dawn Perry
P.O. Box 533
Branford, FL 32008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Millicent D. Perry
Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-03

Date

(386) 935-3299

Daytime Phone #

CR2E034B (12/02)