

Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-09-2003 90043 029 ****70.00
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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
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
O'Brien, Florida

City & State

Zip
32071

Country
Suwannee

Zip
Country

4. FEI Number
01-0737492

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____ (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	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-03 (386)935-3299
Date Telephone #

Secretary

CR2E034B (12/02)