2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000027198

Entity Name: HUDGINS & COMPANY

Address:

City-St-Zip:

JACKSONVILLE, FL

Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 57096 P.O. BOX 57096 JACKSONVILLE, FL 322417096 JACKSONVILLE, FL 322417096 US **Current Mailing Address: New Mailing Address:** P.O. BOX 57096 P.O. BOX 57096 JACKSONVILLE, FL 322417096 JACKSONVILLE, FL 322417096 US FEI Number: 59-3239136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUDGINS, SUSAN 12463 BLÚEBERRY WOODS CR. E. JACKSONVILLE, FL 322584174 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HUDGINS, SUSAN A Name: Name: 12463 BLUEBERRY WOODS CIRCLE EAST Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: () Delete Title: Title: () Change () Addition Name: HUDGINS, HOWARD H Name: 12463 BLUEBERRY WOODS CIRCLE EAST Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN A HUDGINS **PRES** 04/29/2003