

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000068574**

1. Entity Name

HUDSON HOLDINGS CORPORATION

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90084 038 ***150.00

Principal Place of Business

Mailing Address

**153 COLONADE CIR
NAPLES, FL 34103**

**C/O 2591 DEER HOLLOW
HUDSON, OH 44236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

65-0532921

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALVATORI, LEO J
4501 TAMiami TRAIL N
SUITE 300
NAPLES, FL 34103**

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.

SIGNATURE **X Shirley A. Taussig**

(NOTE: Registered Agent signature required when reinstating)

DATE

X 4-4-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TAUSSIG, S. A.	
STREET ADDRESS	2591 DEER HOLLOW	
CITY-ST-ZIP	HUDSON, OH 44236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X S. A. Taussig** **SHIRLEY A. TAUSSIG, President**

Date

Daytime Phone #

X 4-4-00