

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073248

1. Entity Name
HUDSON ASSOCIATES CONSTRUCTION COMPANY, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90093 010 ***550.00

Principal Place of Business
219 SANTA BARBARA AVE
JACKSONVILLE FL 32254
US

Mailing Address
8229 HIDDEN LAKE DR N
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
8104 Kilkelly Lane
Suite, Apt. #, etc.

City & State
Jacksonville, FL 32244

City & State
Jacksonville, FL 32244

Zip Country
32244 USA

4. FEI Number **59-3263140** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HUDSON, RONALD W
8229 HIDDEN LAKE DR N
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent
Name John Brian Hudson
Street Address (P.O. Box Number is Not Acceptable)
8104 Kilkelly Lane
City Jacksonville FL Zip Code 32244

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 DATE 8-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, RONALD W	
STREET ADDRESS	8229 HIDDEN LAKE DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, JOHN B	
STREET ADDRESS	8104 KILKELLY LN	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Brian Hudson	
STREET ADDRESS	8104 Kilkelly Lane	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 duties like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE 8-7-00 DAYTIME PHONE # 904 781-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)