

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000062118

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: TDH & ASSOCIATES, INC.

## Current Principal Place of Business:

660 SUMMERHAVEN DRIVE  
DEBARY, FL 32713

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 530729  
DEBARY, FL 32753

## New Mailing Address:

FEI Number: 59-3331746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUDSON, MOLLY I  
660 SUMMERHAVEN DRIVE  
DEBARY, FL 32713 US

## Name and Address of New Registered Agent:

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:

Title: P/D ( ) Delete  
Name: HUDSON, MOLLY I  
Address: 660 SUMMERHAVEN DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: HUDSON, THARA L  
Address: 2809 GROVE DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: D (X) Delete  
Name: HUDSON, CLARETHA P  
Address: 2591 BYRD AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete  
Name: ILOH, ARETHA N  
Address: 17 FASHORO STREET SURULDRE, LAGOS  
City-St-Zip: NIGERIA, W. AFRICA, W.

Title: D (X) Delete  
Name: ILOH, MOSES I  
Address: 2809 GROVE DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: D (X) Delete  
Name: HUDSON, KIMBERLY C  
Address: 2591 BYRD AVENUE  
City-St-Zip: SANFORD, FL 32771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HUDSON, TIIMOTHY D  
Address: 660 SUMMERHAVEN DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 Statutes. 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: HUDSON MOLLY

P/D

04/30/2003

Electronic Signature of Signing Officer or Director

Date