

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90094 029 \*\*\*150.00

**DOCUMENT # P97000010434**

1. Entity Name

**HUDSON BOAT PRODUCTS INC.**

Principal Place of Business

**8949 NEW YORK AVE  
HUDSON FL 34667**

Mailing Address

**8949 NEW YORK AVE  
HUDSON FL 34667**

2. Principal Place of Business

**P/O Box 5965**

3. Mailing Address

**P/O Box 5965**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HUDSON FL.**

City & State

**HUDSON FL.**

4. FEI Number

**59-3458807**

Applied For

Not Applicable

Zip

**34674**

Country

**PASCO**

Zip

**34674**

Country

**PASCO**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SEHL, DOUGLAS P  
14811 PAULINE DR  
HUDSON FL 34669**

7. Name and Address of New Registered Agent

Name

**SEHL DOUGLAS P.**

Street Address (P.O. Box Number is Not Acceptable)

**#14-13914 OLD DIXIE HWY.**

City

**HUDSON**

**FL**

Zip Code

**34667**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SEHL, DOUG 14811 PAULINE DR HUDSON FL 34669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STUBOR, BEN 8949 NEW YORK AVE HUDSON FL 34667	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOUBA, DOUG 312 W. STATE ST GENEVA IL 60134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEHL, D 14811 PAULINE DR HUDSON FL 34669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Box 5965 HUDSON FL. 34674	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Box 5965 HUDSON FL. 34674	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. JERRY SHUETTER 5109 ELWOOD RA. SPRINGHILL FL 34608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/22/01 727 862 0233**

Date

Daytime Phone #

CR2E034 (10/00)