

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90295 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084577

1. Entity Name
William J. Hudson, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12661 New Brittany Blvd

3. Mailing Address
12661 New Brittany Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

4. FEI Number
65-0866466

Applied For
Not Applicable

Zip
33907

Country

Zip
33907

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
William J. Hudson

Street Address (P.O. Box Number is Not Acceptable)
17101 Pleasure Road

City
Cape Coral

FL Zip Code
33909

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 the applicable

(NOTE: Registered Agent signature required when resigning)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP
**D, P
William J. Hudson
17101 Pleasure Road
Cape Coral, FL 33909**

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: *William J. Hudson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

(941) 939-6161

Date

Daytime Phone #

CR2E034B (12/01)