

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90004 050 ***150.00

DOCUMENT # P98000101242

1. Entity Name
ROYAL/HUDSONS WORLD TRADE KGDM., INC.

Principal Place of Business

2722-A WEST WALNUT STREET
~~ALTA STREET~~ → STE RA RD.
 TAMPA FL 33607

Mailing Address

DR. G.D. HUDSONS ACCOUNT Paym.
 PO BOX 1115
 OLDSMAR FL 34677



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3559030**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MITCHELL-HUDSONS, P., EGBERT M CEO 36181 EAST LAKE ROAD PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDCP HUDSONS, DR. OD PE PO BOX 1115 OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSONS, VICTOR P.E. CC 36181 EAST LAKE ROAD PALM HARBOR FL 34685	<input checked="" type="checkbox"/> Delete (REMOVE)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYMAN, GLENDON W C/O 36181 E. LAKE RD., #261 PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSONS, DR. DIXWELL 36181 E. LAKE ROAD #261 PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSONS, DR. WEBBER C/O 36181 E. LAKE RD. #261 PALM HARBOR FL 34685	<input type="checkbox"/> Delete

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEW DR. Solomon Hudsons CEO D O PE 36181 East Lake Rd #261, Palm Harbor, FL 34685
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	<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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.R. Mitchell
 Date: **4/27/01** Daytime Phone #: **813-575-6096**

CR2E034 (10/00)

FILE #

Attachment
- 970509
P98000101242

ROYAL-HUDSONS WORLD TRADE KGDM, INC.
ACCOUNTS PAYABLE UNIT
P.O. BOX 1115
OLDSMAR, FL 34677
CONTACT: DR. ED HUDSONS
PHONE: (813) 875-6096

April 23, 2001

Florida Dept of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Please find enclosed a new listing of corporate offices of our corporation for 2001.

1. Title: PSTD Dr. Mitchell-Hudsons
Egbert M. CEO., PE
36181 E. Lake Rd. #261
Palm Harbor, FL 34683 (no changes)
2. Title: VPDCP
Dr. O.D. Hudsons, PE
P.O. Box 1115
Oldsmar, FL 34677
3. Title: CFOD, PE
Dr. Solomon Hudsons
36181 East Lake Rd #261
Palm Harbor, FL 34685 (new added)
4. Title: D
Mr. Glendon W. Hayman
C/O 36181 East Lake Rd #261
Palm Harbor, FL 34685

Attachments

5. Title: DCFO#2 Domestic & Int'l
Dr. Dixwell Hudsons
36181 East Lake Rd #261
Palm Harbor, FL 34685
6. Title: DCFO#3 Int'l Business
Dr. Webber Hudsons
36181 East Lake Rd #261
Palm Harbor, FL 34685
7. Title: DCFO#4 Investment
Dr. Franklin Hudsons
C/O P.O. Box 1115
Oldsmar, FL 34677
8. Title: DCFO#5 Credit & Collection
Dr. Dean Hudsons
C/O P.O. Box 1115
Oldsmar, FL 34677
9. Title: D Consultant & CPA
Dr. Bailey K. Hudsons
C/O 36181 East Lake Rd #261
Palm Harbor, FL 34685
10. Title: D
N.S. Hudsons
36181 East Lake Rd #261
Palm Harbor, FL 34685
11. Title: D
Dr. Lynch Hudsons
C/O-36181 East Lake Rd #261
Palm Harbor, FL 34685

970509
#898000/0128

After the sixth listing, please list directions on additional page.



Sincerely,

Dr. Mitchell Hudsons