2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900051007

1. Entity Name

HUDSON MORGAN INVESTMENTS, INC.



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90310 018 ***150.00

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S. Remain and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) St	City & State			City & State			4.	FEI Number 59-3578352				
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MORGAN, CLIFFORD R II 3316 THURLOE PLACE ORLANDO R. 32827 City FL Zip Code		6. Name	and Address of Current	Register	ed Agent			7. 1	Name and Address of New Reg	istered A	gent	
Stroot Address; (P.O. Box Number is Not Acceptable) Stroot Address; (P.O. Box Number is Not Acceptable)				**		7	Name					
ORLANDO FL 32827 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE NAME BORGAN, CLIFFORD R II STREET ADDRESS OTH-ST-2P ORLANDO FL 32827 ORLA	•			Street Address			(P.O. Box Number is Not Acceptable)					
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signuture Price	URLANDU FL 32027										1 -7	
SIGNATURE Signature: Typed of "printed name of registered agent and title if applicable." (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MORGAN, CLIFFORD R II TITLE MORGAN, CLIFFORD R II STRET ADDRESS GITY-ST-2P ORLANDO FL 32827 TITLE ORLANDO FL 328						(City			FL	Zip Codi	e
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR