

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054334

1. Entity Name

HUDSON APPLIANCE, INC.

Principal Place of Business

Mailing Address

4257 - 54TH AVE. NORTH
ST. PETERSBURG FL 33714

4257 - 54TH AVE. NORTH
ST. PETERSBURG FL 33714

2. Principal Place of Business

1803-WOOD Trail St.

3. Mailing Address

1803-WOOD Trail St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

6. Name and Address of Current Registered Agent

THOMPSON, MICHAEL
4257 - 54TH AVE. NORTH
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name Michael Thompson

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

1803-WOOD Trail St.

City

Tarpon Springs, FL

Zip Code

34689

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

Michael Thompson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-01

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 D
NAME THOMPSON, MICHAEL
STREET ADDRESS 4257 - 54TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Michael Thompson
STREET ADDRESS 1803-WOOD Trail St.
CITY-ST-ZIP Tarpon Springs, FL 34689 ☒ Change ☐ Addition

TITLE Vice-President
NAME Rhonda Thompson
STREET ADDRESS 1803-WOOD Trail St.
CITY-ST-ZIP Tarpon Springs, FL 34689 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Thompson

Date

1-11-01

Daytime Phone #

(727) 939-8394

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90097 003 ***150.00

000040



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)