

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 05, 2001 8:00 am
Secretary of State

04-10-2001 90061 002 ***150.00

DOCUMENT # S96295

1. Entity Name

MICHAEL D. HUDSON, INC.

Principal Place of Business

1103 N. WILLOW AVENUE
TAMPA FL 33607
US

Mailing Address

1103 N. WILLOW AVENUE
TAMPA FL 33607
US

2. Principal Place of Business

11909 Shadow Run Blvd.

Suite, Apt. #, etc.

3. Mailing Address

11909 Shadow Run Blvd.

Suite, Apt. #, etc.

City & State

Riverview, FL 33569

City & State

Riverview, FL 33569

4. FEI Number

59-3097443

Applied For

Not Applicable

Zip

33569

Country

US

Zip

33569

Country

US

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

HUDSON, RIPTON L
1103 N. WILLOW AVENUE
TAMPA FL 33606

Name

Hudson, Michael D.

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

11909 Shadow Run Blvd.

City

Riverview

FL

Zip Code
33569

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 D. Hudson, President

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

(NOTE: Registered Agent signature required when reinstating)

4/22/01
DATE

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

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D HUDSON, MICHAEL D.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	11909 SHADOW RUN BLVD. RIVERVIEW FL	
TITLE NAME	D HUDSON, WENDY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	11909 SHADOW RUN BLVD. RIVERVIEW FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	Riverview, FL - 33569	
TITLE NAME	Secretary-Treasurer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	Riverview, FL 33569	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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: Michael D Hudson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-671-8333

Daytime Phone #

CR2E034 (10/00)