

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90009 006 ****50.00

DOCUMENT # L01000000163

1. Entity Name

TRACT 42, L.C.

Principal Place of Business

**7300 W. MCNAB RD., #217
TAMARAC FL 33321**

Mailing Address

**7300 W. MCNAB RD., #217
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**BTN
65-1081819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GOTZ, MARK H
7300 W. MCNAB RD., #217
TAMARAC FL 33321**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE	MANAGING PARTNER	<input type="checkbox"/> Delete
NAME	MARK H. GOTZ	
STREET ADDRESS	7300 W. MCNAB RD. #217	
CITY-ST-ZIP	TAMARAC, FL 33321	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
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CITY-ST-ZIP		

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:**Mark H. Gotz**
RECEIVED

Date

Daytime Phone #

4-19-02 (954) 722-1141

CR2E083 (9/01)