

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91906 040 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000049178

1. Entity Name  
42ND ST., INC.



00110001

Principal Place of Business  
18329 U.S. HWY. 19, STE. F, G, & H  
HUDSON, FL 34667

Mailing Address  
18329 U.S. HWY. 19, STE. F, G, & H  
HUDSON, FL 34667



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
18329 US Hwy 19

Suite, Apt. #, etc.  
STE F, G and H

City & State  
HUDSON, FL

Zip  
34667

Country  
USA

3. Mailing Address  
18329 US Hwy 19

Suite, Apt. #, etc.  
STE F, G and H

City & State  
HUDSON, FL

Zip  
34667

Country  
USA

4. FEI Number  
59-3581381

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAUDILL, VICTOR L  
7608 CYPRESS KNEE DR  
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Victor L Caudill*

4-30-2003

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VARON, DAVID M  
8750 KEATS DR.  
HUDSON, FL 34667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAUDILL, VICTOR L  
7608 CYPRESS KNEE DR.  
HUDSON, FL 34667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Victor L Caudill* Victor L Caudill 4/30/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)