

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

05-05-2003 91906 036 \*\*\*150.00

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

DOCUMENT # P99000076928

1. Entity Name  
**M. VIDEO READERS CLUB OF AMERICA, INC.**



80112565

Principal Place of Business  
18329 US 19 SUITE  
HUDSON, FL 34667

Mailing Address  
18329 US 19 SUITE  
HUDSON, FL 34667

2. Principal Place of Business  
**18329 US 19**

3. Mailing Address  
**18329 US 19**

Suite, Apt. #, etc.  
**SUITE C**

Suite, Apt. #, etc.  
**SUITE C**

City & State  
**HUDSON, FL**

City & State  
**HUDSON, FL**

Zip  
**34667** Country  
**USA**

Zip  
**34667** Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3602470**

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 submits 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 **V L Caudill**

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

(NOTE: Registered Agent's signature required when reinstating)

**4-30-2003**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**V L Caudill** **VICTOR CAUDILL** **4/30/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)