

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90002 048 \*\*\*\*61.25

0058184

**DOCUMENT # N98000004769**

1. Entity Name

**THE VICTORY SHIP, INC.**

Principal Place of Business

**705 CHANNELSIDE DR  
TAMPA FL 33602**

Mailing Address

**705 CHANNELSIDE DR  
TAMPA FL 33602**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3529783**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TIMMEL, JOHN C  
3013 HAWTHORNE ROAD  
TAMPA FL 33611**

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.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete  
NAME **MULLIS, HAROLD W JR.**  
STREET ADDRESS **101 E. KENNEDY BLVD. #2700**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **TD** ☐ Delete  
NAME **FISK, ALAN**  
STREET ADDRESS **400 N. ASHLEY DRIVE #1925**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **PD** ☐ Delete  
NAME **TIMMEL, JOHN C**  
STREET ADDRESS **3013 HAWTHORNE ROAD**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☒ Delete  
NAME **LYKES, JOSEPH T**  
STREET ADDRESS **1810 S. MACDILL AVENUE #1**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **SD** ☐ Delete  
NAME **HARDEN, CHARLES**  
STREET ADDRESS **1404 AZEELE STREET**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Mike Carroll**  
STREET ADDRESS **490 1st Ave. South**  
CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **D** ☐ Change ☒ Addition  
NAME **Robert Franzblau**  
STREET ADDRESS **5401 Hangar Court**  
CITY-ST-ZIP **Tampa FL 33634**

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

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 617, 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:

**SIGNATURE REQUIRED**

6/21/01 (813) 228-8766

CR2E037 (10/00)