2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

DAVIE FL 33328

2865 MORNING GLORY CIRCLE

P97000067562 **DOCUMENT#**

1. Entity Name

DAVIE FL 33328

Principal Place of Business

2865 MORNING GLORY CIRCLE

VICTORY PROMOTIONS, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90065 038 ***150.00

LLGIDDOS



2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			[]			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State	City & State			4. FEI Number 65-0780047			
Zip	Zip Country Zip		Country		5. Certificate of Status Desired S8.75 Addition Fee Required				
	6. Name and Address of	Current Registered Agent			7. Name and	Address of New Registe	red Agent		
· 				Name					
	GERALD P		Street Addr		ress (P.O. Box Number is Not Acceptable)				
	EMERALD DR.	<u> </u>		-					
FI. LAUDI	ERDALE FL 33309								
···				Oity			FL Zip	o Code	
8. The above	named entity submits this state	ement for the purpose of changin	g its registered	office or regis	stered agent, or bo	th, in the State of Florida.	am familiar	with, and accept	
the obligat	tions of registered agent.								
SIGNATURE .	ž.								
	Signature, typed or printed name of regist	ered agent and title if applicable.	(NOTE: Registered Ag	ent signature requ	uired when reinstating)	DA	ATE		
Afte	ILE NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$ k Payable to Florida Depart	550.00				ection Campaign Financing est Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICE	RS AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFICERS	AND DIREC	CTORS IN 11	
TITLE ()	D	☐ Delete	TITLE				☐ Ch	ange	
NAME	STOCK, STEVEN E		NAME						
STREET ADDRESS	2865 MORNING GLORY C	IRCLE	STREET A						
CITY-ST-ZIP	DAVIE FL 33328		CITY-ST-	ZIP	····				
TITLE		☐ Delete	TITLE	,			☐ Ch	ange 🗌 Addition	
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TITLE	<u>**</u>	Delete	TITLE		·			ange	
NAME		L Delete	NAME				L) OII	ange Addition	
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CITY-ST-ZIP			CITY-ST-	i i					
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NAME		_ 5000	NAME						
STREET ADDRESS			STREET AL	DDRESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
									

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 repeiver 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:

DRESSOURED SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR