

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 295027****1. Entity Name**  
**VICTORIUM CORPORATION****FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90047 041 \*\*\*150.00

**Principal Place of Business**  
**1405 BLACKWELDER RD.**  
**DELEON SPRINGS FL 32130**  
**US****Mailing Address**  
**PO BOX 1136**  
**DELEON SPRINGS FL 32130-1136**  
**US****2. Principal Place of Business**  
**1425 Blackwelder Rd**  
**Suite, Apt. #, etc.****3. Mailing Address**  
**Suite, Apt. #, etc.****City & State**  
**Deleon Springs FL**  
**Zip**  
**32130**  
**Country**  
**US****City & State**  
**Zip**  
**Country****4. FEI Number** **59-1100198****Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****COOK, R. PAUL**  
**1405 BLACKWELDER RD.**  
**DELEON SPRINGS FL 32130****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** **R. Paul Cook PD** **1/4/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	COOK, R PAUL			
	1405 BLACKWELDER RD.			
	DELEON SPRINGS FL			

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

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

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** **R. PAUL COOK** **1/4/01 904-985-1241**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)