

2002 UNIFORM BUSINESS REPORT (UBR)

0411679 AV

DOCUMENT # F00000000584

1. Entity Name
VICTORIA'S HEAVEN BOUND TRUCKING, INC.

APPROVED
AND
FILED

02 APR 19 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~17048 PARRISH GROVE ROAD~~
~~DADE CITY FL 33523~~

Mailing Address

~~PO BOX 866~~
~~DADE CITY FL 33526~~

2. Principal Place of Business

PO Box 180505
Suite, Apt. #, etc.

3. Mailing Address

PO Box 180505
Suite, Apt. #, etc.

City & State

TALL. FL

City & State

TALL. FL

4. FEI Number

47-0825452

Applied For
Not Applicable

Zip

32318

Country

USA

Zip

32318

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRECO, LISETTE P
17048 PARRISH GROVE ROAD
DADE CITY FL 33523

7. Name and Address of New Registered Agent

Name: TERRY L. Greco
Street Address (P.O. Box Number is Not Acceptable): 2401 McWest Street
City: TALLAHASSEE FL Zip Code: 32303

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	GRECO, LISETTE P	
STREET ADDRESS	17048 PARRISH GROVE RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GRECO, TERRY L	
STREET ADDRESS	17048 PARRISH GROVE RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GREENHALGH, NANCY D	
STREET ADDRESS	17048 PARRISH GROVE RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry L. Greco	
STREET ADDRESS	PO Box 180505 N/A	
CITY-ST-ZIP	TALL. FL 32318	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Brown	
STREET ADDRESS	PO Box 180505	
CITY-ST-ZIP	TALL. FL 32318	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Pope	
STREET ADDRESS	4850 Indian Oak Dr	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)