

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004963

1. Entity Name

H. VICTORY LTD, INC.

Principal Place of Business

PO BOX 3039
PONTE VEDRA BEACH FL 32004

Mailing Address

PO BOX 3039
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

3536 UNIVERSITY BLVD N.

3. Mailing Address

3536 UNIVERSITY BLVD N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2DB

208

City & State

JACKSONVILLE

City & State

JACKSONVILLE

Zip

32277

Country

OWAL

Zip

32277

Country

OWAL

6. Name and Address of Current Registered Agent

~~BLACKBURN, DENNIS L~~
STE 200, SOUTHPOINT BLDG
6620 SOUTHPOINT DR, SOUTH
JACKSONVILLE FL 32216

4. FEI Number

84-1313602

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

John Zehmer

Street Address (P.O. Box Number is Not Acceptable)

6620 SOUTHPOINT DR. S. #200

City

JACKSONVILLE,

FL

Zip Code

32216

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 of or printed name of registered agent and, if not 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 PD
NAME SWENSON, ERIC D
STREET ADDRESS 213 6TH AVE N.
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

TITLE T
NAME SWENSON, DONNA J
STREET ADDRESS 213 6TH AVE N.
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

TITLE S
NAME YORK, JANICE
STREET ADDRESS 8096 SOUTH VANCE COURT
CITY-ST-ZIP LITTLETON CO 80123 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 3536 UNIVERSITY BLVD N. #208
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3536 UNIVERSITY BLVD N. #208
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☒ Change ☐ Addition

TITLE S
NAME DR. ELDON DE WITT
STREET ADDRESS 1557 CESARY BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32211 ☒ Change ☐ Addition

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

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

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

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: *John Zehmer* President

2/20/02 904-273-2752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90027 010 ****70.00

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DO NOT WRITE IN THIS SPACE