

AMENDED
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

08-04-2002 90161 042 ****61.25

F00000004963

FILED

02 AUG -8 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004963

1. Entity Name

H. Victory Ltd, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3536 University BlvdN. 3536 University Blvd N.

Sub. Apt. #, etc.
#208

Sub. Apt. #, etc.
#208

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. EIN Number
151602

Applied For
Not Applicable

ZIP
32277

Country
USA

ZIP
32277

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Eric Swenson

Street Address (P.O. Box Number is Not Acceptable)
3536 University BlvdN.#208

City Jacksonville. FL 32277

**DO NOT WRITE
IN THIS SPACE**

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.

7/31/02

SIGNATURE

[Signature]

(NOTE: Registered Agent Signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Swenson, Eric D.
3536 University Blvd N.#208
Jacksonville, FL 32277

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
Swenson, Donna J.
3536 University Blvd N.#208
Jacksonville, FL 32277

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP
S
Swenson, Henry S.
608 Rico Way
Gr. Jct., CO 81506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 7/31/02 904-728-5977

Date

Daytime Phone #

CR2E037B (12/01)