2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # F0000007243 1. Entity Name INVICTA CORPORATION 04-17-2001 90126 012 ***150.00 Principal Place of Business Mailing Address 1121 HOLLAND DRIVE 1121 HOLLAND DRIVE **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.#32 Suite, Apt, # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2946374 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent. REILLY, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 1121 HOLLAND DRIVE **BOCA RATON FL 33487** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if appli FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Defete Addition TITLE ☐ Change PCD TITLE Iouis Gleckel 1121 Holland Onic #32 NAME NAME YUSTER, ALAN STREET ADDRESS STREET ADDRESS 1121 HOLLAND DRIVE OOCA RATON, FI 33487 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** KENNETH BROWN 1121 HOLLAND DRIVE #32 ☐ Change Addition ☐ Delete TITLE TITLE NAME REILLY, WILLIAM J NAME STREET ADDRESS STREET ADDRESS 1121 HOLLAND DRIVE CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL Delete** TITLE Change - Addition VSD* NAME NAME DEGISE, JOSEPH STREET ADDRESS STREET ADDRESS 1121 HOLLAND DRIVE CITY-ST-7/P CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE Change Addition NAME NAME PHILLIPS, CHARLES STREET ADDRESS STREET ADDRESS 1121 HOLLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 propriite empowered.

Daytime Phone #