

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90167 043 ***150.00

DOCUMENT # F01000004065

Entity Name
TEAM VICTORY, INC.



Principal Place of Business
3799 CONTRACTORS PLACE
MEMPHIS TN 38115

Mailing Address
3948 SO. THIRD ST #310
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3833 WATMAN AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MEMPHIS, TN

City & State

Zip

38118

Country

USA

Zip

Country

4. FEI Number

62-1771347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BABISH, BARRY J	
STREET ADDRESS	3948 SO 3RD ST #310	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BABISH, MARGARET A	
STREET ADDRESS	3948 SO 3RD ST #310	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BABISH, ANITA	
STREET ADDRESS	1758 NAZARETH RD.	
CITY-ST-ZIP	LEXINGTON SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)