

# 2001 UNIFORM BUSINESS REPORT (UBR)

0569961

DOCUMENT # F97000003046

1. Entity Name

VICTORY PACKAGING, INC.

Principal Place of Business

Mailing Address

3555 TIMMONS LANE, STE 1440  
HOUSTON TX 77027

3555 TIMMONS LANE, STE 1440  
HOUSTON TX 77027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-1869710

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name Corporation Service Company

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

1201 Hays Street

City Tallahassee

FL

Zip Code 32301

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

Deborah D. Skipper

Deborah D. Skipper  
Asst. Secretary

4-27-01

Signature, typed or printed name of registered agent and file 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE PD  
NAME KING, MIKE  
STREET ADDRESS 3555 TIMMONS LANE, STE 1440  
CITY-ST-ZIP HOUSTON TX ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100004161601-01  
-05/08/01--01046--009  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE D  
NAME SAMUELS, JEREMY G  
STREET ADDRESS 3555 TIMMONS LANE, STE 1440  
CITY-ST-ZIP HOUSTON TX ☐ Delete

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

TITLE CD  
NAME SAMUELS, J V  
STREET ADDRESS 3555 TIMMONS LANE, STE 1440  
CITY-ST-ZIP HOUSTON TX ☐ Delete

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

TITLE VD  
NAME SAMUELS, H B  
STREET ADDRESS 3555 TIMMONS LANE, STE 1440  
CITY-ST-ZIP HOUSTON TX ☐ Delete

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

TITLE SD  
NAME SAMUELS, JOSHUA A  
STREET ADDRESS 3555 TIMMONS LANE, STE 1440  
CITY-ST-ZIP HOUSTON TX ☐ Delete

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

TITLE T  
NAME SAMUELS, BARBARA  
STREET ADDRESS 3555 TIMMONS LN 1440  
CITY-ST-ZIP HOUSTON TX 77027 ☐ Delete

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

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:

H. Benjamin Samuels

Date

Daytime Phone #

4-19-01

(713) 961-3299

CR2E034 (10/00)