

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91216 024 ***150.00

DOCUMENT # *G15563*

1. Entity Name *VICTORIA BASS PROMOTIONS, INC.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

216 NW 118 DR.

Suite, Apt. #, etc.

3. Mailing Address

216 NW 118 DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33071

BROWARD

Zip

33071

BROWARD

4. FEI Number

59-2243721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VICTORIA BASS BERQUIST

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

216 NW 118 Drive

City

CORAL SPRINGS

FL

Zip Code

33071

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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)** ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE	<i>PRESIDENT</i>
NAME	<i>VICTORIA BASS BERQUIST</i>
STREET ADDRESS	<i>216 NW 118 DRIVE</i>
CITY - ST - ZIP	<i>CORAL SPRINGS, FL 33071</i>
TITLE	<i>SECRETARY</i>
NAME	<i>RICHARD BERQUIST</i>
STREET ADDRESS	<i>216 NW 118 DRIVE</i>
CITY - ST - ZIP	<i>CORAL SPRINGS, FL 33071</i>
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR2E034B (12/01)