

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G15563**

1. Entity Name
VICTORIA BASS PROMOTIONS, INC.



Principal Place of Business
**216 N.W. 118TH DRIVE
CORAL SPRINGS FL 33071**

Mailing Address
**216 N.W. 118TH DRIVE
CORAL SPRINGS FL 33071
US**

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 **59-2243721**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERQUIST, VICTORIA B
216 NW 118 DR
CORAL SPRINGS FL 33071**

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 re-stating)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BERQUIST, VICTORIA BASS
216 N.W. 118 DRIVE
CORAL SPRINGS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**200020518432
06/04/03--01034--016 **150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
BERQUIST, RICHARD
216 N.W. 118TH DRIVE
CORAL SPRINGS FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

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

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, 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:

Richard Berquist, V. President
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**4/1/03 954
345-2757**

Richard Berquist, V.P.

**4/1/03 954
345-2757**

CR2004 (10/02)

Re: 59 2243721

To: Division of Corp.
Uniform Business Report
P.O. Box 6327
Tallahassee, FL 32304

As per my phone conversation with
your office 5/2/03 -

To date I have not receive a
cancelled check from payment on
this fee 4/1/03 - As per your
office → I was told to
re-submit a copy with another
check. I've put a stop on
the earlier check.

"Full" from your office
that additional fees would be
waived do to this error

Please note again this is
a copy of report sent 4/1/03

Richard Burquist