

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54990

1. Entity Name

VICTOR S. CORP.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90003 042 ***150.00

Principal Place of Business

1282 BARRETT RD.
N. FT. MYERS FL 33903

Mailing Address

1282 BARRETT RD.
N. FT. MYERS FL 33903

2. Principal Place of Business

1282 Barrett Road

3. Mailing Address

1282 Barrett Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Fort Myers, Florida

City & State

North Fort Myers, Florida

Zip

33903

Country

USA

Zip

33903

Country

USA

4. FEI Number 59-2757754

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

SMILEY, DONALD V.
12860 TREELINE CT
N FT. MYERS FL 33903

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.

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) ☐

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	P	<input type="checkbox"/> Delete
NAME	SMILEY, DONALD V.	
STREET ADDRESS	12860 TREELINE CT	
CITY-ST-ZIP	N FT. MYERS, FL 33903	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMILEY, RITA E.	
STREET ADDRESS	12860 TREELINE CT.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

DONALD V. SMILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2001

Date

941.997.8806

Daytime Phone #

CR2E034 (10/00)