


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90410 048 \*\*\*150.00

**DOCUMENT # K14168**

1. Entity Name  
**VIKKI JANE SALES INCORPORATED**



Principal Place of Business  
**% VIKKI JANE DALY**  
**10595 104TH AVE.N.**  
**LARGO FL 33773**

Mailing Address  
**% VIKKI JANE DALY**  
**10595 104TH AVE.N.**  
**LARGO FL 33773**



2. Principal Place of Business  
**7501 142nd Ave N**

3. Mailing Address  
**7501 142nd Ave N**

Suite, Apt. #, etc.  
**Lot # 455**

City & State  
**Largo FL**

City & State  
**Largo FL**

Zip  
**33771**

Country  
**USA**

4. FEI Number **59-2866478**

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

**DALY, VIKKI JANE**  
**10595 104TH AVENUE NORTH**  
**LARGO FL 33773**

7. Name and Address of New Registered Agent

Name  
**Vikki Jane Daly**

Street Address (P.O. Box Number is Not Acceptable)  
**7501 142 Ave N**

**Lot # 455**

City  
**Largo**

State  
**FL**

Zip Code  
**33771**

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 *Vikki Daly* DATE 4/27/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DALY, VIKKI JANE	10595 104 AVE N	LARGO FL 33771	<input type="checkbox"/>
		7501 142nd Ave N	Largo FL 33771	<input type="checkbox"/>
		Lot 455		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Vikki Daly* DATE 4/27/03 727-531-1887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)