

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L36204**

1. Entity Name

VICTOR INVESTMENTS OF NAPLES, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90037 009 ***150.00

909842



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 1700 4TH STREET SOUTH NAPLES FL 34102 | Mailing Address 1700 4TH STREET SOUTH NAPLES FL 34102 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|--|--|
| 4. FEI Number 65-0178730 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent |
| ROUTLEDGE, L.V. 1700 4TH STREET SOUTH NAPLES FL 33940 |

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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City NAPLES, FLA FL Zip Code 34102 |

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| 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 L V Routledge Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |
| DATE Jan 21 / 01 |

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------------|------|------------------------|--|----------------|------------------------------|--|-------------|------------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <table><tr><td>TITLE</td><td>PST</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ROUTLEDGE, L.V.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1700 4TH STREET SOUTH</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NAPLES FL</td><td></td></tr></table> | TITLE | PST | <input type="checkbox"/> Delete | NAME | ROUTLEDGE, L.V. | | STREET ADDRESS | 1700 4TH STREET SOUTH | | CITY-ST-ZIP | NAPLES FL | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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. |
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| SIGNATURE: L V Routledge SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE Jan 21 / 01 | DAYTIME PHONE # 941 263 2741 |
|---|-------------------------|-------------------------------------|

CR2E034 (10/00)